



Please Fill Out This Form Completely  
**CREDIT CARD AUTHORIZATION FORM**

CARD TYPE:            AMEX \_\_\_\_\_            VISA \_\_\_\_\_            MASTERCARD \_\_\_\_\_

CARD NUMBER:        \_\_\_\_\_

CID CODE #:            \_\_\_\_\_

EXPIRATION DATE:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD:        \_\_\_\_\_

BILLING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE:         \_\_\_\_\_

WORK PHONE:         \_\_\_\_\_

MOBILE:                \_\_\_\_\_

IF YOU ARE NOT GOING TO BE PRESENT AT THE TIME OF THE JOB, PLEASE MAKE A COPY OF YOUR VALID DRIVER'S LICENSE AND RETURN THIS COMPLETED FORM TO 787-286-6163 OR [info@extremelimopr.com](mailto:info@extremelimopr.com).

CANCELLATION 24 HOURS PRIOR TO JOB, SAME DAY CANCELLATION WILL BE CHARGED 100% OF FARE.

BY SIGNING THIS AUTHORIZATION FORM, THE CARDHOLDER AGREES TO PAY FOR ALL THE CHARGES AS MENTIONED ABOVE FOR SERVICES RENDERED FROM EXTREME LIMOUSINE SERVICES, INC.

CARD HOLDER SIGNATURE: \_\_\_\_\_

DATE OF THIS AUTHORIZATION: \_\_\_\_\_

***EXTREME LIMOUSINE SERVICES, INC.***  
PMB 1222 Box 4956, Caguas, PR 00726  
www.extremelimopr.com / email: info@extremelimopr.com  
Tel 787-436-7985 / 787-972-6836  
Fax (787) 286-6163 / 258-6499