



I hereby authorize my signature to be on file with Chivalry Limousine LLC for the purpose of charging limousine service on my credit card. I am also aware of the rates to be charged for such services. I authorize the respective credit card company to accept this form in lieu of my signature appearing on the individual credit card receipt for services performed.

1. CREDIT CARD INFORMATION

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_ / \_\_ Security Code: \_\_\_\_\_

Credit Card Type : Amex\_\_\_\_ Visa\_\_\_\_ MC\_\_\_\_ DISC.\_\_\_\_

Cardholder name: \_\_\_\_\_

CC Billing address: \_\_\_\_\_

\_\_\_\_\_

Passenger Name & Address if different then above: \_\_\_\_\_

2. People allowed ordering transportation

Authorized Caller 1: \_\_\_\_\_ Title \_\_\_\_\_ Contact # \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ Fax# \_\_\_\_\_

Authorized Caller 2: \_\_\_\_\_ Title \_\_\_\_\_ Contact# \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Fax# \_\_\_\_\_

3. E-mail address: \_\_\_\_\_ Fax# \_\_\_\_\_

We will E-mail or Fax confirmation of all calls.

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

In addition, please photocopy and return fax with this form, a copy of credit card, and a copy of the cardholders' drivers' license.

PLEASE CHECK A MARK ON THE LINE IF THIS IS FOR A ONETIME USE ONLY \_\_\_\_\_

Cardholders name (Print)

Cardholders Signature

\_\_\_\_\_

\_\_\_\_\_



CHIVALRY LIMOUSINE LLC.

1571 W. Broad St. STRATFORD, CT 06615

OFFICE :( 203) 502-6652 FAXES :( 203) 502-6659 NATIONWIDE: 877 546-6041 ROAD SHOW : 866 931-2557