

# Cloud 9 Limousines & Transportation, Inc.



WEDDINGS · PROMS · WINE TOURS · CORPORATE

## CREDIT CARD AUTHORIZATION FORM



Date: \_\_\_\_\_ Reservation # \_\_\_\_\_ Date of Service: \_\_\_\_\_  
 To: \_\_\_\_\_ Company: \_\_\_\_\_  
 Fax Ph# (408) 995-0995 Office/Other Ph# (408) 999-0999  
 From: \_\_\_\_\_ Extension # \_\_\_\_\_

For my convenience, I am authorizing Cloud 9 Limousine/Stanford Limousine to execute transactions indicated below. Reservations require a 1/3 Non-Refundable deposit, reservations within 72 hours (3 Days) of service are required to be paid in full. Reservations that are **cancelled** within 72 hours prior to service **will be charged and collected in full**. Once you have signed both the Agreement and Credit Card Authorization form, you must fax them back for final confirmation within 24 hours upon receipt or your Reservation becomes **VOID**.

Name on Credit Card: \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please circle one of the following:

- Visa/Mastercard
- American Express
- Discover/Diners

1/3 Deposit Amount \$ \_\_\_\_\_  
 Card holders Initials \_\_\_\_\_

1/3 Non-Refundable Deposit. 72 Hour Cancellation. If you would like your reservation pre-paid, please fill in the amount

			AMOUNT

DATE	AUTHORIZATION		SUB TOTAL	
REFERENCE NO:	REG/DEPT.		TAX	
FOLIO/CHECK NO.	SERVER	CLERK	TIP / MISC.	
<b>SALES SLIP</b>			<b>TOTAL</b>	

**No Gratuity Included!**

**PURCHASER SIGN HERE**

**X** \_\_\_\_\_ Date \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholders agreement with the Issuer.

Yes, please keep my authorization on file: Please Intl: \_\_\_\_\_

Transactions executed on my behalf will read "Signature on File" on the signature line of the Credit Card Ticket. By executing this document, it will not be necessary for me to sign each credit card ticket. Please make the necessary arrangements indicated above if you would prefer to have your Total Balance paid in full at the time of booking., Otherwise, the Remaining Balance Due will be charged 5 days prior to the date of service. Please call should you have any questions regarding your reservation.

Name/Company: \_\_\_\_\_

Auth. Form Expiration: \_\_\_\_\_

**\* READ "TERMS and CONDITIONS" on your Sales Contract. \***