

**Anytime Limousine Inc**  
**6844 Bellaire ave**  
**North Hollywood Ca 91605**  
**(818)764-9116,(800)760-5466,(818)765-4756fax**

**Credit Card Authorization Form**

Anytime Limousine is authorized to charge the following credit card:  
( Circle one) American Express      Discover      Master card      visa

Personal Card Issued To: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Corporate Card Issued to: \_\_\_\_\_

Corporate cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

YOU MUST PROVIDE A PHOTOCOPY OF THE CREDIT CARD FRONT AND BACK, A COPY OF CARDHOLDERS PHOTO ID OR SERVICES MAY NOT BE RENDERED. WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY PRESENT, THIS POLICY FOR OUR CUSTOMERS PROTECTION.

Name of the party you are paying for: \_\_\_\_\_

Cellular Phone Number of someone in party \_\_\_\_\_

Date and Time of Service: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

(your name) (company name)  
authorize **Anytime Limousine Service** to charge \$ \_\_\_\_\_ on my credit card.

Signature of Cardholder: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I authorize additional charges to my credit card if party requests additional services  
beyond the original services requested. (NOT REQUIRED)

Signature of Cardholder: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please fax back to (818)765-4756**