

427 Mendocino Ave. Suite 100-113, Santa Rosa, CA 91604 ~ Tel: 888-821-9888 ~ Fax: 707-615-5063 ~ transmarinlimo@gmail.com ~ www.transmarinlimo.com

Please print clearly, complete and fax it to (707) 615-5063

Today Date

M D Y

In Lieu on my credit card imprint, I _____
On behalf of _____ authorize Trans Marin Limo to charge the
credit card listed below for services provided.

Name of Card Holder

Credit Card Billing Address

Street

City State Zip Code

Card Type

Visa Master Card Discover American Express

Card Number

Card Expiration Date

M Y Security Code (The last 3 digits On the back of your card)

Home / Office Phone Number

Fax Number

Authorized Passenger

By signing below, I acknowledge the charges listed on the Trans Marin Limo web site. In the event of passed cancellation deadline, I authorize Trans Marin Limo to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation. I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge. Payment based on Trans Marin Limo rate listed on the web as well as other authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

All Reservations Are Final, No Refunds Upon Cancellation

Client's Signature

Print Name

Date

M D Y

