



For Office Use Only

Customer Acct# _____

Entered by _____

Elite Transportation Service

Credit Card Signature on File Authorization Form

PLEASE CHECK ONE:

PERSONAL CARD

CORPORATE CARD

CREDIT CARD NUMBER

EXP DATE

CCV (SECURITY CODE)

CARDHOLDER'S NAME (AS IT APPEARS ON CARD)

COMPANY NAME (IF CORPORATE CARD)

BILLING ADDRESS FOR CREDIT CARD

THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY

I, _____, AUTHORIZE ELITE TRANSPORTATION SERVICE LLC, TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR GROUND TRANSPORTATION SERVICES.

PLEASE LIST ALL PERSONS AUTHORIZED TO CHARGE SERVICES TO THIS CARD

1. NAME TITLE PHONE

2. NAME TITLE PHONE

3. NAME TITLE PHONE

4. NAME TITLE PHONE

PLEASE INDICATE BELOW WHETHER SERVICES ARE FOR SINGLE OR MULTIPLE USES

SINGLE USE (ONE RESERVATION ONLY)

MULTIPLE USE

SIGNATURE OF CARDHOLDER

DATE

PHONE NUMBER

FAX NUMBER

EMAIL

REFERRED BY

COMPANY'S NAME

A COPY OF BOTH SIDES OF THE SIGNED CREDIT CARD AND DRIVER LICENSE MUST BE SUBMITTED WITH THIS FORM

Elite Transportation Service
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