



Alliance Limousine, Inc. 547 Saw Mill River Road, Ardsley, NY 10502

**Authorization for Credit Card Use**

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential

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

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

\_\_\_\_\_

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Open Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize **ALLIANCE LIMOUSINE, INC.** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

[office@alliancelimony.com](mailto:office@alliancelimony.com)