

# CRESCENTA VALLEY AIRPORT AND LIMOUSINE SERVICE INC.

TCP 20934

## SIGNATURE ON FILE - AUTHORIZATION FORM

A COPY OF BOTH SIDES OF THE SIGNED CREDIT CARD MUST BE SUBMITTED WITH THE FORM

### PERSONAL ACCOUNT:

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS FOR THE CREDIT CARD: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

### CORPORATE ACCOUNT:

COMPANY NAME IF CORPORATE CARD: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

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

I \_\_\_\_\_ AUTHORIZE CRESCENTA VALLEY AIRPORT AND LIMOUSINE SERVICE INC. TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR GROUND TRANSPORTATION SERVICE.

PLEASE LIST ALL PERSONAL AUTHORIZED TO CHANGE SERVICE TO THE CARD

1. NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

PLEASE INDICATE BELOW WHETHER SERVICE IS FOR SINGLE OR MULTIPLE USE:

SINGLE USE (ONE RESERVATION ONLY) \_\_\_\_\_ MULTIPLE USE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE CARD HOLDER

PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

BY SIGNING ABOVE, YOU AUTHORIZED CRESCENTA VALLEY AIRPORT AND LIMOUSINE SERVICES INC. TO BILL YOUR CREDIT CARD FOR ALL OF YOUR SERVICE TRIPS. (ADDITIONAL 20% WILL BE BILLED FOR THE DRIVER'S GRATUITY). WE WILL ALSO MAIL YOU AN ITEMIZED STATEMENT.

### PLEASE MAIL OR FAX THIS FORM TO:

CRESCENTA VALLEY AIRPORT AND LIMOUSINE SERVICES INC.

9733 PALI AVENUE, TUJUNGA CA 91042

TOLL FREE: (800) 504-1866 TELL: (818) 249-1818 FAX: (818) 353-4247