

**CRESCENTA VALLEY AIRPORT & LIMOUSINE SERVICE INC.**  
TCP 20934

**SIGNATURE ON FILE - AUTHORIZATION FORM**  
**A COPY OF BOTH SIDES OF THE SIGNED CREDIT CARD MUST BE SUBMITTED WITH FORM**

**PERSONAL ACCOUNT:**

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

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

BILLING ADDRESS FOR 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 & LIMOUSINE SERVICE INC. TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR GROUND TRANSPORTATION SERVICE.

PLEASE LIST ALL PERSONS AUTHORIZED TO CHARGE SERVICE TO THIS CARD

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

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

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

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

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

BY SIGNING ABOVE, YOU AUTHORIZED CRESCENTA VALLEY AIRPORT & 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 & LIMOUSINE SERVICE INC.  
3155 MONTROSE AVE #206  
LA CRESCENTA, CA 91214  
TEL (818) 249-1818, TOLL TEL (818) 504-1866, FAX (818) 249-1866