



9597 Jones Rd #163
 Houston, Texas 77065
 (281) 955-5450 Office
 (866) 955-5450 Toll Free
 (281) 897-0894 FAX

Credit Card Authorization Form

Client/Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Fax: _____

Credit Card: **Visa Master Card American Express Discover**

Name on Card: _____

Credit Card Number: _____ Expiration: ____/____

Security (CVV) Code: _____ Billing Zip Code: _____



CVV Codes

Visa/MasterCard/Discover:
 The last 3 numbers printed on the signature line on the back of the card

CVV Codes

American Express: The 4 numbers printed just above the embossed card number on the front of the card



Name on the Card: _____

I, _____ (Cardholder) authorize **Elite Limousines of Houston** to charge the above credit card for goods and services provided by **Elite Limousines of Houston**.

Cardholder acknowledges receipt of goods and/or services and agrees to perform the obligations set forth in the Cardholders agreement with the issuer.

 Authorized Signature

 Print Name

Kindly provide a copy of both front and back of credit card, and a driver's license of the person on the card to match signatures. Make sure all is legible and fax to: **281-897-0894**

Elite Limousines of Houston
 9597 Jones Rd #163
 Houston, TX 77065

Tel: 281-955-5450 Fax: 281-897-0894 Toll Free 1-866-955-5450