

A EXOTIC
LIMOUSINES, LLC

1065 SPRING STREET NW
ATLANTA, GA 30309
1-678-522-6235

Credit Card Authorization Form

Please forward a copy of credit card (front and back) and valid id.

In lieu of my credit card imprint, I,

(Name of Cardholder exactly as Shown
on Credit Card)

Hereby authorize **A Exotic Limousines**, to charge my request to the following credit card.

VISA MasterCard American Express Discover

Card number

--

Expiration date

--

CVV2 Security code

--

THE BILLING ADDRESS AS IT APPEARS ON CREDIT CARD STATEMENT

Street address

--

Address (cont.)

--

City, State, Zip Code

--

Country

--

Email Address for Receipt

--

Phone number

--

CARDHOLDER AUTHORIZED BILLING AMOUNT:

Sub-total \$

--

Tax

--

Total Billed to Card \$

--

By signing below and submitting for payment, I acknowledge acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company

Issuing credit card.

Signature as it appears on cardholder's credit card

Today's date

Please forward a copy of credit card (front and back) and valid id.