



2118 Wilshire Blvd. #251 | Santa Monica, CA 90403 | PHONE 310-338-0000 | FAX 310-568-0766
www.alslimo.com

Credit Card Authorization Form

I/We _____ wish to pay for my/our services of A.L.S. Limousine, Inc. on the below listed credit card. As the Credit Card holder, I also authorize ALS Limousine, Inc. to charge my Credit Card for future purchases verbally approved by me.

Credit Card Type:

Credit Card Number:

Expiration Date:

Security Number:



Member Name: _____

Card Member Signature _____

BILLING ADDRESS VERIFICATION

Company Name: _____

Address: _____
(Matching the credit card provided above)

City, State Zip: _____

Email address: _____

Phone : _____ Fax : _____

To be used for this service only.

Please charge my future services to the credit card number provided.

Date: _____ Customer: _____

OFFICIAL USE ONLY

RES#: _____ | RES.DATE: _____