

CPCN # 2248

## **CREDIT CARD AUTHORIZATION**

Company Name:				
Name (as it appears on cred	dit card)			
Billing Address:				
City:	State:		Zip Code:	
Main Phone #				
Cell Phone #				
Credit Card Information:				
Card Type (Circle One):	American Express	MasterCard	Visa	Discover
Card #:/	/	/		
Expiration Date:/		!	Security Code	2
I, the undersigned, authorize card for transportation and Vegas, Inc. and/or its affilia of Las Vegas, Inc. and the uhours of the date and time that if my transportation reextends to 21 Days prior to their driver, client must condeemed a No Show and charges accordingly and unto the contracted date and PLEASE EMAIL OR FAX BACK OF	related services who tes. In accordance wantersigned, I fully un of service, I will forfuguest falls on/during date of scheduled so tact the office before arged in full. I authord derstand that my critime and billed at the	with the terms and inderstand that if I feit the full amoung a Special Event, ervice. Any airpor re securing other prize Luxury Limouedit card will be a ne completion of the world will be a feet to the completion of the completion of the world will be a feet to the completion of the completion of the completion of the world will be a feet to the completion of the completion of the completion of the world will be a feet to the completion of	red through Lad conditions to should cance to five the aforement the arrivals, in with the arrivals of Las Voluthorized and the trip.	uxury Limousine of Las between Luxury Limousine el my reservation within 24 ontract. I also understand ntioned cancellation period which client cannot locate n or charter will be egas, Inc. to process all ninimum of 48 hours prior
Signature:			Date:	

Luxury Limousine of Las Vegas 4275 Arville Street, Suite C

4275 Arville Street, Suite C
Las Vegas NV, 89103
702-499-9000 Office 702-442-8488 Fax