## Authorization for Credit Card Use

## PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential

Name on Card:	
Billing Address:	
Credit Card Type: Vis	a Mastercard Discover AmEx
Credit Card Number:	
Expiration Date:	
Card Identification Number:	_ (last 3 digits located on the back of the credit card)
Amount to Charge: \$	_ 20% Gratuity: \$ Total: \$
Dates OF Service:	Confirmation #:
Description OF Charges:	

I authorize Kentuckiana Express Shuttle- Limo to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

<u>ALL SALES FINAL- NO REFUNDS</u>

## Cardholder - Please Sign and Date

Signature:	
Date:	
Print Name	

## Return the completed and signed form to the following

Kentuckiana Express Shuttle - Limo LLC
D.B.A. Car Service Louisville
P.O. Box 20661
Louisville, KY 40250
Email: Carservicelouisville@gmail.com
502-298-7315 Office 502-749-9558 Fax