

Autoluxé Transportation Services, Inc.™

518 Gregory Avenue, Suite A-318, Weehawken, NJ 07086
T: [646] 413.1300 or [866] 925.5893 F: [201] 604.6565
Contact us at: info@autoluxetrans.com

Credit Card Authorization Form

[SIGNATURE ON FILE AUTHORIZATION]

Corporate Account:

Date: _____

I, _____, authorize AUTOLUXÉ Transportation Services, Inc. to charge my credit card:

Type: Visa ___ MasterCard ___ American Express ___ Other: _____

Card No.: _____ **Exp. Date:** _____

Card Identification No. [4 digit code on front side of card]: _____

Name [as it appears on the card]: _____

Card Billing Address: _____

Zip Code: _____

for services provided for _____

Name of Authorized Client/Passenger

beginning on _____.

Date Initiating Service

Authorized Signature of Credit Card Holder

E-Mail Address: _____

INSTRUCTIONS: Please provide a photocopy of your credit card (front and back) and driver's license or passport (photo identification) and mail it to: **AUTOLUXÉ Transportation Service Inc., 518 Gregory Avenue, Suite A-318, Weehawken, NJ 07086;** or you may fax it to: **[201] 604.6565**

Cancellation Policy: You must notify AUTOLUXÉ two (2) hours prior to the scheduled pick-up time due to a cancellation or any other change. Otherwise, it will be considered a NO-SHOW and the full fare or hourly minimum will be charged to this credit card.

A member of the NATIONAL LIMOUSINE ASSOCIATION