



CREDIT CARD AUTHORIZAITON

PHONE# 1-877-811-8400
FAX# 845-321-8009
EMAIL: Majesticlimo05@aol.com
WWW.MTSLIMOUSINE.COM

I _____ Authorize Majestic Transportation Services & Limo, Inc to charge \$ _____ to the credit card below for transportation service requested by me.

Credit Card # ----- Expiration Date. Month—Year –
Security Code On the Back of Card(front form Amex- - - -

Please Print Clearly.

Name as It appears on your Credit Card. _____

Billing Statement Address:

Street _____

City _____

State _____

Zip Code _____

Work# _____ Home# _____ Cell# _____

Email _____

Address _____

Please fax or email A Front & Back copy of your Credit Card and Drivers License. Please make sure the copies are legible.

SIGN: _____ **DATE:** _____