



## **Credit Card Authorization Form**

TOLL FREE: 888.400.1919 | LOCAL: 213.471.2828 | INFO@LAPRIVATECARSERVICE.COM | WWW.LAPRIVATECARSERVICE.COM

Customer Info							
Company Name							
Full Name							
Address							
City							
Telephone	Fax	Mobile					
Email							
<b>Billing Info</b> (Same as Above)							
First Name	Last Name						
Address		Unit/Su	uite #				
City	State	Zip	Code				
Telephone	Ext	Fax					
Card Name Visa Mastercard	Discover	American Exp	ress				
Name on Card		·					
Credit Card #							
CVV (Card Code)							
	EXPIRATION  CHECKED	QUAN. CLASS	DESCRIPTION		PRICE	AMOUNT	COPV
		DATE . /	AUTHORIZATION		SUB		TN
		REFERENCE NO. FOLIO/CHECK NO.	REG_OEPT.	CLERK	TOTAL TAX		- E
		SAL	ES SLIP		TOTAL		- E
PURCHASER SIGN HERE							

services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Sign Here Date Print Name Date	
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