



Credit Card Authorization

**PO Box 758
Sterling, VA 20167
703-229-5057 Voice
703-229-5057 Fax
www.fairfax-limo.com**

Last Name: _____

First Name: _____

Job Date: _____

(Date for which service is scheduled)

COMPLETE FORM LEGIBLY AND IN ITS ENTIRETY

Select credit card type:

Visa MasterCard American Express Discover

Credit card # _____ Expiration date ____/____/____
MONTH YEAR

Name on card: _____

Card billing address: _____
STREET

CITY STATE ZIP

Deposit amount: \$ _____

AUTHORIZATION STATEMENT

In order to secure service, I hereby authorize **Fairfax Limo LLC** to charge my credit card for the irrevocable deposit listed above. I understand that all deposits are non-refundable and non-transferable. Furthermore, I understand that my reservation is governed by the terms and conditions located within the Service Agreement. The Service Agreement can be viewed online at www.fairfax-limo.com. I agree to pay all charges to my credit card company as stipulated by my credit card company's terms and conditions. I authorize all due balances to be charged to this credit card. I understand that any cancellation of a reservation will forfeit my deposit, and any cancellation given with less than 24 hours notice prior to the scheduled start of the job will result in payment due in full.

Cardholder's signature: _____ Date ____/____/____

Printed name: _____

RETURN BY FAX TO 703-229-5057

Thank you for choosing Fairfax Limo! Your satisfaction is our #1 priority.

Thank you!