



## Credit Card Authorization Form

Card Type:    **check one**

- Mastercard
- American Express
- Visa
- Discovery
- Other

Date:		Company Name:	
Billing Address:		Authorized Name:	
Card Number:		Expiration Date:	CVV2#:
Trip Amount:		City, State, Zip Code	

Trip Amount:	Tip Amount:	Total Amount:
--------------	-------------	---------------

### People Authorized to Make Changes to Contract

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give Imperial Transportation PBC Inc. & Affiliates authorization to process my credit card in the total amount listed above for transportation service received.

I UNDERSTAND THAT MY SIGNATURE ON THIS CONTRACT WILL SERVE AS MY AUTHORIZED SIGNATURE. THIS WILL ALSO AUTHORIZE ADDITIONAL SERVICES UPON REQUESTS.

### AUTHORIZED CARD HOLDER SIGN BELOW:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.imperialtrips.com](http://www.imperialtrips.com)  
 dispatch@imperialtrips.com  
 561-689-3663 Phone / 561-689-3036 Fax