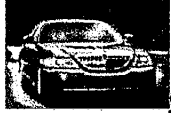


Credit Card Authorization form

A Palo Alto Limousine



Call: 650-TOWN-CAR Fax: 650-644-3330 E-mail: 650towncar@gmail.com

Passenger's Name : _____

Telephone : (____) _____ Fax : (____) _____

Pick-up Address : _____

City : _____ State: _____ Zip : _____

Drop-off address : _____ City: _____

Please fill the information for the card you are paying with :

Name on the card : _____

Company : _____

Credit card # : _____

Expiration Date : ____/____ CCV Code : _____ Billing Zip: _____

Amount: \$ _____ Gratuity (15% of the amount) : \$ _____

I hereby grant A Palo Alto Limousine to charge my credit card. I have read, understood & agree to the above.

Sign here please X _____

Thank you for your business