



Zephyr Car & Limousine Service

Credit Card Authorization

Company Name	Office Use: _____ _____ _____ _____ _____ _____ _____ _____ _____
Primary Contact	
Primary Number	
Fax Number	
Primary Contact Email	
I authorize Zephyr Limousine, LLC to charge the credit card listed below for all the transportation cost incurred by the above company. I give permission to charge this card periodically for the services used by me and/or my authorized employees or affiliates. Furthermore, the listed credit card will continue to be the means of securing the above account until I notify management of Zephyr Limousine, LLC to discontinue use of said credit card.	
Name on Card	
Card Holder Signature	Date
Credit Card Number	Card Type
Expiration	CVV2/CVC2/CID
Billing Address	City

A detailed invoice will be sent over for each billing cycle. If there are any charges you wish to dispute please notify us immediately. Thank you for your business.