

LEGACY LIMOUSINE SERVICE

Credit Card Authorization Form

Payment Date:		Service Date:	
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*Cardholder's Name:			
Company Name:			
Billing Address:			
Telephone:			

* cardholder's name must be exactly as shown on credit card

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Diners		
Card Number:			
Expiry Date:		**Security Code:	

** three (3) or four (4) digit security code as indicated on the card

Service Fee:	
GST @ 6%:	
Gratuity @ 15-20%:	
Total To Be Charged:	

I, _____, hereby authorize Legacy Limousine Services Ltd. to charge all expenses incurred to the credit card indicated herein.

Signature: _____

Date: _____

**PLEASE ENCLOSE PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD.
FAX TO: 604.987.8752 OR EMAIL TO: sales@legacylimousine.ca**

Additional Comments:	
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