



Credit Card Authorization Form

I, _____,
 hereby authorize Crown Cab Company Inc. Charlotte NC to charge my credit
 card account weekly for the Corporate transportation account # _____.

Name (Print) As it appears on the Credit Card																					
Contact Name (If business)																					
Cardholders Billing Address (As listed with Credit Card Company)	_____ City : _____ State: _____ Zip Code: _____																				
Contact Phone Number																					
Fax phone Number																					
Select Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club																				
Card #	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																				
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Credit Card Holder's Signature	Date
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If the name on the credit card is in the name of corporation or other business entity, please print the
 Signer's name _____
 Contact Phone # _____

**As the Credit Card holder, I also authorized Crown Cab Company Inc. to charge my credit card
 for future transportation services verbally approved by me.**

Authorization Valid Until: _____ / _____ **Initials Here:** _____