

En Route Limousine Transportation

1675 Morena Blvd, San Diego CA 92110

Phone: (619)276-8300 · Fax: (619)276-9300 · www.ertlimo.com

CREDIT CARD PAYMENT INFORMATION

Please fax the completed form to us at: (* % & + * ! - ' \$\$

I, (print name) _____ hereby

authorize En Route Limousine Transportation to charge the below referenced credit card for

transportation and related services, I understand if a trip is not canceled within 24 hours

of the service start time or the service was not used and no cancellation notice was given

I will be charged the full amount of the service. When you send us this form signed, you

agree with our cancellation policy. To assist us in deterring fraudulent use of credit cards

please sign this sheet and fax along with copies (front and back) of the credit card used in

this form and a valid Driver License of the credit card holder. Thank you for your cooperation.

CREDIT CARD INFORMATION:

(Please check one) Visa MasterCard Discover Amex

Card Number: _____

Expiration date: ____ / ____

Verification Code (Last three digits on signature panel): _____

Name as it appears on card: _____

Billing address of card: _____

City: _____ State: _____ Zip: _____

Signature of card holder: _____

Contact Phone: _____

Date: _____

Please fax the completed form to us at: (619)276-8300

*** Don't forget to include photocopies (front and back) of the credit card used in this form AND**

the cardholder's valid driver's license or ID.