## **MIDWAY LIMOUSINE**

## **CREDIT CARD AUTHORIZATION**

## Please print clearly and FAX to 770 980 9163

In lieu of my credit card imprint, I,			, on
behalf of		, author	ize Midway Limousines to charge
my cr	edit card account below	in accordance with Midwa	ay's tariff.
	Amex Card #		Expiration
	Visa		
	MasterCard Card Ho	older Name	
	Discover		
	Other	Amount \$	Confirmation #
Billing	g Address		
Phone # F		Fax	
Email			
For pa	ayment of transportation	for	of
		Passenger's Name	Company

By signing below, I acknowledge the charges listed herein. In the event of a cancellation past the cancellation deadline, I authorize Midway Limousines to charge the minimum reservation fee. I understand the cancellation guidelines, which apply, to my reservation. Payment in the above amount, as well as any other authorized charges, is to be made in accordance with the issuing card policies. I affirm my obligations under the Card member Agreement.

Signature

Date

2470 Windy Hill Rd. Suite 228-A, Marietta, GA 30067 770.980.9161 / 1.866.643.9954