

Grand Limousine, Inc.
787 East San Bruno
San Bruno, CA 94066
Phone: (650)588-8333 Fax (650)589-8333

Credit Card Authorization

Date of Reservation: _____

Guest Name: _____ Room #: _____

I authorize Grand Limousine, inc. to charge the below credit card for services to be rendered.

Frequency: One Time Only: Ongoing:

Circle type of credit cards: Amex Visa Disc MC Diners



_____ Exp. Date ____/____

Visa/ Master Verification value (Three Digits on the back of the card) _____

Amex Card Verification value (Four digits above the CC # at the front) _____

Cardholder Name: _____

Billing Address: _____

Phone: _____ Business / Mobile: _____ Fax: _____

Requested Services: _____

Amount to be charged: \$\$_____

Cardholder Signature: _____

Cancellation Policy: Cancellation MUST be give at least 24 hours prior to pick up date and time. Failure to cancel per agreement will result with the charge of the minimum contracted fee. Written cancellation must be submitted.

Date Received: _____ Date Faxed: _____ Contact: _____