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Web www.ridefirstclass.com

Credit Card Authorization

Please Print Clearly and FAX to (732)972-5570

In lieu on my credit card imprint, I _____, on behalf of _____, authorize First Class Limousine to charge my credit card for services provided.

CARD TYPE: () AMEX () VISA () MASTERCARD () DISCOVER

Card #: _____ Expiration Date: _____

Card Holder Name: _____

Billing Address: _____

Work Phone: _____ Fax: _____

Authorized Passengers: _____

By signing below, I acknowledge the charges listed herein. In the event of past the cancellation deadline, I authorize First Class Limousine 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 made to be in accordance with the issuing card's policies. I affirm my obligations under the Cardmember Agreement.

Signature

Date