

DFW LUXURY TRANS

Credit Card Authorization

I, _____, the undersigned acknowledge that DFW Luxury Trans will charge the credit card listed below for my company business travel or my personal use for services provided.

Date: _____

Customer Phone: _____

Credit Card Number: _____

Expiration Date: _____ Authorization Code: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: