



CREDIT CARD AUTHORIZATION FORM

Cardholder: _____

Credit Card Type: _____

Account Number: _____

Expiration Date: _____

Billing Address: _____

City _____ State _____ Zip Code _____

Security Code (CVV): _____

Date(s) of Service: _____

Confirmation Number(s): _____

Total Amount: _____

Please attach a photocopy (front and back) of the credit card.

All deposits are non-refundable and non-transferable.

I understand if service exceeds original agreement, overtime charges may be charged to my credit card. I further understand there is a full charge for cancellation if reservation is not cancelled within at least 2 hours of the scheduled trip for airport transportation or within 24 hours of a scheduled charter.

I authorize Orlando's Select Transportation to charge the above.

Signature: _____