

SFC Limo
650-430-5887
SFCLimo.com

Credit Card Authorization Form
CARD HOLDER INFORMATION

Company Name:

Name on Card:

Card Holder Billing Address:

City:

State:

Zip code:

Telephone:

Email Address:

PAYMENT AUTHORIZATION

Card Type: Visa MC AMX

Card Number: _____ Exp. Date: _____

Zip code: _____

Card Ver Value, on the back of your card : (CVV2) _____

I wish to authorize the purchase of services/merchandise from SFC Limo using the Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold SFC Limo harmless against any liability pursuant to this authorization. I understand that my authorization is valid for a period of one (1) year.

Please print this page, fill in required information above, and email it to Contact@sfclimo.com

Print Name

Signature

Date