



203 Route 9 South
Englishtown, NJ 07726

Toll free (888)252-2242 Local (732)972-2202 Fax (732) 972-9603

CREDIT CARD AUTHORIZATION
Please Print Clearly and FAX to (732)972-9603

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

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

Card # _____ Expiration Date _____

3 Digit Security Code: _____ (located on back of card)

Card Holder's Name _____

Billing Address: _____

Home Phone # _____ Work Phone #: _____ Fax #: _____

Authorized Passengers: _____

By signing below, I acknowledge the charges listed herein. In the event of past the cancellation deadline, I authorize C.A.T. 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 issuing card's policies. I affirm my obligations under the Card Member Agreement.

Signature

Date