

# Skylark Limousine

## CREDIT AUTHORIZATION

www.skylarklimo.com ~ Email: info@skylarklimo.com ~ Phone: 408-289-8064

The process of this application requires a Physical Signature.  
Please complete the entire application, print it, sign it and send it to us at your earliest convenience

**Today Date**

M  D  Y

In Lieu on my credit card imprint, I \_\_\_\_\_  
On behalf of \_\_\_\_\_ Skylark Limousine  
Inc. to charge the credit card listed below for services provided.

**Name of Card Holder**

**Credit Card Billing Address**

Street

City  State  Zip Code

**Card Type**

Visa  Master Card  Discover  American Express

**Card Number**

**Card Expiration Date**

M  Y  Security Code  (The last 3 digits On the back of your card)

**Home / Office Phone Number**

**Fax Number**

**Authorized Passenger**

By signing below, I acknowledge the charges listed on the Skylark Limousine web site. In the event of passed cancellation deadline, I authorize Skylark Limousine to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation. I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge. Payment based on Skylark Limousine rate listed on the web as well as other authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

**All Reservations Are Final, No Refunds Upon Cancellation**

**Client's Signature**

**Print Name**

**Date**

M  D  Y

