

Credit Card Authorization Form – Limousine Service

I _____ of _____
(Your name) (Company name)

Authorize New Wave Limousine LLC to charge my credit card for the sum of _____

I understand that this charge is non-refundable unless I pay cash or I comply with the terms and cancellation policy state below.

Hourly charters for all vehicle types that are cancelled 72 hours prior to job will be subject to a 50% charge of total fare. Hourly charter canceled within 48 hours will be subject to full charge of total fare. Airport transfers for all vehicles types that are canceled within 72 hours of charge will be subject to full charge of the total fare. Specialty vehicles e.g. (buses, SUV's stretch and antique cars) providing proms, weddings or hourly transportation service have a six months cancellation policy any damages to vehicle by passengers are the sole responsibility of the passengers. Our chauffeurs will assist but not responsible for customer's luggage, customer is responsible to see that all pieces of luggage into vehicle. If you do not see your chauffeur, you must call our toll free number 1-866-416-1529 or the source of the reservation before making alternate arrangements or you will be charged full amount of reservation.

I understand that this reservation/charge for service to be render on _____
Cannot be cancelled unless provided express notice is given by email to nystarlimo@gmail.com and with the compliance of the terms and cancellation policy

I authorize New Wave Limousine LLC to charge my credit card for this reservation or reservations.

All charges will be applied to the given credit card, billed to account or cash to be collected on the day of service, depending on the term. If cash for the full amount is collected on the day of service, given credit card will not be charged. In the event that any extra hours are incurred, I authorize my credit card to be charge the extra amount of:

_____ In the case/event of any damage to rental vehicle, I will also be responsible for all repairs as well as lost revenue of the rental vehicle, while it is repair. For this I also authorize my credit card to be charged.

CREDIT CARD TYPE: (Circle one) VISA MC AMEX DISCOVER

ACCOUNT NUMBER: _____

EXPIRATION: ____ / ____

CARD VERIFICATION NUMBER: _____



(On master Card or visa the three digits on the back of The card)



(On Amex the four digits on the front of the card)

NAME AS IT APPEARS ON THE CARD: _____

CARDHOLDER SIGNATURE: _____

DRIVER LICENCE NUMBER AND STATE: _____

CREDIT CARD BILLING ADDRESS: _____

(Address, City, State, Zip)

PLEASE FAX BACK TO 1-718-554-0373