

SPHINX

Limousine and Sedan Services

WWW.sphinxlimo.com

E-mail info@sphinxlimo.com

Credit Card Authorization Form

Date: __ / __ / ____

TCP 24194

Company Name: _____

Address: _____ City: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

I the undersigned authorize "Sphinx Limousine" Service to reserve and charge phone, faxed or e-mailed Sedan / Limousine transportation service to the credit card account number below:

Credit Card type: Visa Master Card American Express Discover

Print Name on Card: _____

Card number: _____

Card expiration date: _____ / _____ Three digit Code: _____

Credit card billing address (if different from above):

Address: _____ City: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Please sign and fax back to (408)278-1840 or e-mail it to "info@sphinxlimo.com"

Signature: _____

Authorized Name: _____

All information on this form is kept confidential only for charging trips reserved by the credit card holder or authorized persons for making reservations by phone, fax or email on their behalf.

Phone 650.716.7777
408.621.1222

Toll Free 888.988.8909
Fax 408.278.1840

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