

Phone: 469.951.7426 info@dfwsedan.com

## Credit Card Authorization Form

## Please fill in the following information: (circle one)

	American Express	Visa	MasterCard	Discover
Credit Card	Number	Exp	iration Date	
3 Digit Secu	rity Code on the back of the	card (4 digit on t	he front of AMEX)	
Print Name a	as it appears on the credit c	ard		
Credit Card	billing address			
City	State	Zip		
Contact pho	ne number			
Cardholder S	Signature	Date		

I, the undersigned, authorize Trinity Transportation, to charge the above referenced credit card for transportation and related fees. I understand that if trip is not cancelled 4 hours prior to scheduled pick-up time for sedan/SUV service (see limousine contract for limousine cancellation policy) or if passenger doesn't show up for the confirmed reservation, I will be charged a full amount of the trip