

Credit Card Authorization Form

250 West Lincoln Hwy Penndel, PA 19047 Ph 215-752-2100 Fax 215-752-2171 www.alliedlimo.com

Complete and Email Back to

traffic@alliedlimo.com

No reservations will be confirmed until authorization is received and a confirmation email or fax is sent.

Card Holder Name			Date				
Card Billing Addre	ss						
City		S	State		Zip		
Phone		F	ax				
Email		l					I
Card Type	□ Visa		Mastercard	٥	Amex	_	
Card #							
Expiration Date			CVN Sec Code				
Attach a photoc current drivers I	copy of both front icense or ID.	t and back	c of credit of	card listed	above al	ong with	
	ices Inc to charg sits or any clean	je my cred		ed above	for any fe	es, tolls, p	•
Card Holder Signit	ure				Date		
Printed Name					Company Res #	Use Only	