

Everest Limousine, Inc.  
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TCP # : 29865-P

## **Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Credit Card Information Card Type:

MasterCard  VISA  Discover  AMEX

Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card.

above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. \_\_\_\_\_

\_\_\_\_\_  
Customer Signature & Date



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