## WWW.PEARSONAIRPORTLIMOUSINE.COM

## CREDIT CARD AUTHORIZATION FORM

To be faxed to 1-800-764-8984 or Email to: info@pearsonairportlimousine.com Processing Department

| I,   |                                    |
|--|------------------------------------|
| (Name, as appears on the credit card)      |                                    |
| The holder of the card                     |                                    |
| (Card num                                  | her)                               |
| (Card num                                  | ioci)                              |
| Expiration date:/(Month/Year)              |                                    |
| Hereby authorize Pearson Airport Limousine | e to charge the above mention card |
| For the amount of \$                       |                                    |
| (D. 11                                     | Canadian Dollars                   |
| (Dollar amount in writing)                 |                                    |
| Confirmation#:                             |                                    |
|  |                                    |
|  |                                    |
| (Card holder's Signature)                  | (Date of the agreement)            |

Please also include a readable photocopy of both sides of the credit card