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24x7 Tel: 310-855-2236
Fax: 818-352-2857

Card Holder's Name: _____

Driver's License #: _____

Issue Date: _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

Type: _____

AUTHORIZATION FOR TRANSPORTATION CHARGES TO BE BILLED TO CREDIT CARD.

I AM THE AUTHORIZED HOLDER OF THE CARD LISTED ABOVE. BY SIGNING THIS FORM I HEREBY AGREE TO THE TERMS AND CONDITIONS AS SET FORTH IN "CONFIRMATION" DOCUMENT. I AUTHORIZE ADORIAN EXECUTIVE TRANSPORTATION, LLC. TO BILL ALL CHARGES TO THE CREDIT CARD I HAVE LISTED ABOVE. INCLUDING ALL ADDITIONAL CHARGES STATED IN CONFIRMATION.

PLEASE ATTACH A COPY OF BOTH YOUR CREDIT CARD AND DRIVERS LICENCE.

Signature

Date and Time