

**2016**  
**CREDIT CARD AUTHORIZATION FORM**

Name on Card \_\_\_\_\_

Type of Credit Card:

Visa \_\_\_\_\_ M/C \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Amounts**

Please note any overage on contracted time will be automatically charged the next business day

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By signing this form you authorize Spadaro Enterprises Inc.,  
DBA Desert Star Limousines

to Charge your credit card for the services requested,  
(open business days Monday through Friday only )

A copy of the payment receipt will be emailed along with the reservation contract.

Please indicate if you would like for Desert Star Limousines to keep the credit card  
information for future services :

Yes Or No

**Please Fax the completed form to 661.940.8022**

**Or email a pdf copy to**

**reservations@desertstarlimo.com**