



**Mailing Address: P.O.BOX 500216
Atlanta, Georgia 31150
Office Phone: (770) 522-0001
Office Fax: 1 (877) 526-7222
E-mail: Info@access-atl.com
Website: Access-atl.com**

CREDIT CARD AUTHORIZATION FORM

Please fill this "Credit Card Payment Authorization Form." This will provide authorization to charge transportation service expenses to the credit card listed below. Please return this form to us by fax or E-mail to the number listed along with a copy of the front and back of your credit card. This form needs to be received by the date of service. Customer understands that if reservation is not cancelled within 2 hours prior to pick-up time or if the passenger does not show for confirmed reservation customer will be billed the full amount of the fare. All pick-ups have 15 minute driver wait time thereafter hourly rates apply unless otherwise indicated. This form needs to be submitted by the date of service.

Card Holder Name: _____

Card Holder Phone Number:
(Home) _____ (Cell) _____

Card Billing Address: _____

City: _____ State: _____ Zipcode: _____

Date of Service: _____ Reference Number: _____

Type of Credit Card: _____ Security Code: _____

Credit Card Number: _____ Exp. Date: _____

Base Fare Amount: \$ _____

Tax Amount: \$ _____

Gratuuity Amount: \$ _____

Total Amount Due: \$ _____

Authorized Cardholder Signature / Date: _____