



**Mailing Address: P.O.BOX 500216
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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: \$ _____

I the undersigned authorize Access Atlanta Transportation to charge the above referenced credit card for transportation and related services. I understand that if trip is not cancelled 24 hours prior to scheduled pick-up time or if passenger does not show up for the confirmed reservation, I will be charged the full amount of the trip. All pick-ups have 15 minute driver wait time thereafter hourly rates will apply. Standard gratuity of 20% is required for all transportation services. Access Atlanta Transportation does not guarantee vehicle availability or pricing for reservation changes. Proms/ New Years Eve: All reservations are non-refundable and cannot be cancelled. The full fare will be charged even if the service is not completed at the request of the passenger.

All prices are subject to change without notice! I have read and agree to abide by the terms of this agreement and I am the authorized card holder and will be held responsible for payment of transportation services charged to this account.

Authorized Cardholder Signature / Date: _____