



Credit Card Authorization Contract

SERVING SOUTH FLORIDA SINCE 1978
1990 N.W Boca Raton Blvd.
Boca Raton, FL 33432

Telephone 561-391-4762
or 1-800-330-4762
Fax 561-394-9779

I _____ DO HEREBY AUTHORIZE A1A AIRPORT & LIMOUSINE SERVICE, & AFFILIATES TO CHARGE MY CREDIT CARD IN THIS AGREEMENT TO PAY FOR THE FOLLOWING TRANSPORTATIONS SERVICES.

PLEASE CHECK ONE VISA AMERICAN EXPRESS DISCOVER
 MASTER CARD OTHER

THE CARD NUMBER IS _____ EXPIRATION DATE _____ THE NAME ON THE ACCOUNT IS _____ TOTAL AMOUNT OF CHARGE IS \$ _____

THE SERVICE IS TO BE PROVIDED AS THE FOLLOWING

DATE ___/___/___ PICK UP TIME _____ AM PM

PASSENGERS NAME(S) _____ NUMBER OF PASSENGERS _____

PICK UP ADDRESS _____

DESTINATION _____

TYPE OF VEHICLE SEDAN 6 PASSENGER LIMO 8 PASSENGER LIMO
 10 PASSENGER STRETCH LIMO VAN BUS

PLEASE PROVIDE THE FOLLOWING IF IT APPLIES TO YOU

AIRPORT _____ AIRLINE _____ FLIGHT # _____

CITY FLIGHT ORIGINATED _____ STATE _____

WILL YOU BE GOING THROUGH CUSTOMS YES NO

SEAPORT _____ CRUISE SHIP _____

NUMBER OF VEHICLES REQUESTED _____ NUMBER OF HOURS _____

ANY SPECIAL REQUEST _____

ANY OR ALL PEOPLE AUTHORIZED TO MAKE CHANGES

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

I UNDERSTAND THAT MY SIGNATURE ON THIS CONTRACT ALONG WITH A COPY OF BOTH SIDES OF MY CREDIT CARD WILL SERVE AS MY AUTHORIZED SIGNATURE ON A CREDIT CARD SLIP. THIS WILL ALSO AUTHORIZE ADDITIONAL SERVICES UPON REQUESTS. PHONE NUMBER _____ CELL NUMBER _____

SIGNATURE _____ PRINT NAME _____

**** PLEASE DO NOT FORGET A COPY OF YOUR CREDIT CARD – BOTH SIDES ****