

CORPORATE BILLING CREDIT CARD AUTHORIZATION FORM

WBM

LIMOUSINE AND SEDAN SERVICES LLC

1100 Hammond Drive Suite 410-147 Atlanta, GA 30328

Phone: (404) 957 9000

Fax: (770) 350 9924

Email: Info@wbmlimo.com

Website: www.wbmlimo.com

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 the fax number listed along with a copy of the front and back of your credit card.

Company Name: _____

Customer Name: _____

Type of Credit Card: _____

Credit Card Number: _____

Exp. Date _____

Security Code: _____

Card Holder Name: _____

Card Billing Address: _____

City & State, Zip Code: _____

Business Phone Number (including area code): _____

Business Fax Number (including area code): _____

I the undersigned authorized WBM Limousine and Sedan Services or its affiliates to charge the above referenced credit card for transportation and related services. I understand that if trip is not cancelled 2 hours prior to scheduled pick-up time or if passenger does not show up for the confirmed reservation, I will be charged a full amount of the trip. All pick-ups have 15 minutes of grace there after hourly rates apply unless otherwise indicated. I have read and agree to abide by the terms of this agreement. I am authorized to act as an agent /representative for the above-named company and will be held responsible for payment of transportation services charged to this account. Gratuity of 20% is required for all stretch limousine and sedan trips.

Authorized Cardholder / Authorized Representative / Date:

Print Name / Title