

Stretch Limousine, Inc.

4915 N. Cumberland Ave. Norridge, IL. 60706-4238

Phone: 773-230-1637 Fax: 708-452-2998

info@stretchlimochicago.com

CREDIT CARD AUTHORIZATION

I authorize Stretch Limousine, Inc. you to bill my credit card account for the full amount of my order (including any taxes) plus gratitute 20%.

Card Type: ___ Visa ___ Master Card

Cardholder Name: _____

Card Number: _____ Exp: _____ / _____

Billing Address:

Street: _____ City: _____ State: _____ Zip: _____

PLEASE READ AND UNDERSTAND BEFORE SIGNING

1. I understand that, with my signature, I acknowledge that I have checked all information provided to Stretch Limousine, Inc. and it is correct.
2. I understand that, with my signature, I acknowledge that I am taking full responsibility for information provided, and that Stretch Limousine, Inc. in no way accepts responsibility for any misinformation.
3. I understand that, with my signature, I acknowledge that I will receive a receipt of my order. It is my responsibility to check this receipt CAREFULLY for *any errors*. Errors may include, but are not limited to, spelling or punctuation.

Signature: _____ Date: _____ / _____ / _____