



**Stretch Limousine, Inc.**  
stretchlimochicago.com

Phone: 773-230-1637

Since 1995

Romance Begins With a Limousine...



## CREDIT CARD AUTHORIZATION

By signing this form you agree that (1) you are the credit card holder and (2) that you are requesting the services selected below and (3) that you are authorizing Stretch Limousine, Inc., 4915 N Cumberland Ave., Norridge, IL 60706, to charge the credit card listed below for the requested services. To avoid credit card fraud, we require credit card information including security code and full billing address.

**Requested Service:** Airport Transportation (To/From Airport) Pick-Up/Drop Service (Point A to point B)  
(Check or circle) Wedding Package Hourly Charter Other: \_\_\_\_\_

**Date(s) of Service:** \_\_\_\_\_ **Description of Service (Optional):** \_\_\_\_\_

**Agreed Amount:** \$ \_\_\_\_\_ **Gratuity:** \$ \_\_\_\_\_ **Total:** \$ \_\_\_\_\_

**CARD TYPE:** Visa Master Card Amex Discover JCB Diners  
(Check or circle)

**Name on a card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ / \_\_\_\_\_  
(Month / Year)

**CVV/CVC:** \_\_\_\_\_  
Security code at the back or front of your card.  
Three or Four digit number.

**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 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.

For detailed terms & conditions, please visit our web site: <http://www.stretchlimochicago.com/terms-and-conditions.htm>

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Fax this form to: 708-452-2998**

