

# Payment Authorization Form

## TOP LIMOUSINE SERVICE

1411 Auld Lane

Honolulu, HI 96817

Phone: (808) 392-2271

Email: info@toplিমohawaii.com

I, \_\_\_\_\_, authorize **TOP LIMOUSINE SERVICE** to charge my:

credit card

checking account

debit card

savings account

on a [*one-time / recurring basis*] as payment for:

### Credit Card Information - if charging a credit or debit card

Card type (select one):  MasterCard  Visa  American Express  Discover

Other: \_\_\_\_\_

Name (As it appears on the card): \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date (MM/YYYY): \_\_\_\_\_

CCV: \_\_\_\_\_

Billing Zip Code/ Post Code: \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

### Bank Account Information - if charging a checking or savings account

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

I certify that I am the owner of the credit card indicated above and will not dispute the scheduled payment with my bank/credit card company; provided that the transactions match with the terms described on this authorization form.

For recurring transactions, I understand that my information will be saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

\_\_\_\_\_  
**Customer Signature Over Printed Name**

\_\_\_\_\_  
**Date**

Billing address: \_\_\_\_\_ Zip code (Post Code): \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_