



2679 Peachtree Sq.
Atlanta, GA 30360
770-751-7078
FAX 770-569-7757

please read, sign and fill
out all x- marked area
<-- fax it back to us.

From:

CREDIT CARD AUTHORIZATION

Date: _____

Phone: _____

Fax: _____

Dear Valued Customer, TO:

According to our records we have a reservation for _____

on the date of _____

This is a(n) **Hourly/ Transfer/ Airport Service.**

The pick-up time is _____ The pick-up location is at _____

The vehicle reserved for this service is _____

For Total Amount Of \$ _____

Please make sure the information we have provided is correct and fax us back with your approval.

All vehicles are non-smoking and are stocked with ice, soda, and water.

Late cancellation or no shows are charge at minimum rate.

***The estimated charges above are based on the information supplied by you when placing your reservation, and are subject to change based on actual services performed.**

***Cancellation Policy: 4 hrs notice on Airports and Transfers. 72 hrs notice on Charter/Hourly Service.**

***Deposits: All deposits are non-refundable.**

*** V-CODE (Visa/MC): The last 3 digit #'s on white strip behind the card.**

***V-CODE:(AMEX) 4 digit #'s on front of the card above the card #.**

Sign X _____

If you are paying for the service/deposit with your credit card over the phone, please provide us with the following.

Card #: _____ V-CODE= _____ Circle One: AMEX VISA MC DISC DC

Name on card: _____ Exp. Date: _____

Address: _____ City: _____ Zip: _____

I hereby authorize Atlantic Limousine Service, Inc. to charge this amount to my credit card account according to the card issuer's agreement.

Signature: X _____

Date: X _____

We'll Exceed Your Expectations...