

CLIENT CREDIT CARD AUTHORIZATION FORM

Corporate Transportation Solutions, Inc

4120 Douglas Blvd. #306-174

Granite Bay, CA 95746

916.781.2020

916.781.2313 (Fax)

866.753.5466 (Nationwide)

CTSLimo.com

Client Name: _____

Billing Address: _____

Phone #: _____

Credit Card #: _____ Exp. _____ Sec. Code _____

Email Address: _____

The following is the agreement between the passenger, credit card holder and/or the person ordering/client and Corporate Transportation Solutions, In (CTS). Client authorizes CTS to charge all amounts owed under this contract to their credit card 24 hours before charter starts with no further authorization/signatures or documentation required. If client cancels the reservation 7 days or less prior to charter the client will remain responsible for full payment. All Transfers must be cancelled 4 hours prior to pick up.

Signature _____ Date _____

*A legible copy of the front and back of the above listed credit card must be included with this document. Please also include a copy of the driver license to whom this credit card belongs.