AAA American Coach Services

Tel: (703) 955-4964 Fax: (703) 845-7070

CREDIT CARD AUTHORZATION RELEASE FORM
TO BE COMPLETED BY AUTHORIZED CARDHOLDER

Contact Name: _____

CARDHOLDER

Name: Last… ……First ……..…… …….

Phone #: ( ) -

Billing Address, phone and Fax on Credit Card Account

Address…….……

……

……

Phone #. ( ) - Fax #. ( )

Ī ……(cardholder)

Hereby authorize AAA American Coach or international wings and travel Inc.

To charge my credit card for the limousine service / other (specify)

……...

My Credit Card Number: _____

American Express: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date (MM/YY) _ _ / _ _

Security Code: _ _ _ _ (front card)

MC & VISA: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date (MM/YY) _ _ / _ _

Security Code: _ _ _ (back card)

Please send eligible copy of the front and back of the credit card and driver's license or ID of the credit card holder

I AGREE TO BE SOLELY RESPONSIBLE FOR ALL CHARGES MADE BY American couch or international wings and travel Inc ON MY CREDIT CARD.

Cardholder Signature
Date:……..