



Phone: 973-339-9419 • Fax: 866-232-9435

### Credit Card Authorization Form

**PLEASE TYPE OR PRINT CLEARLY**

PLEASE CHARGE TRANSPORTATION SERVICES TO THE CREDIT CARD LISTED BELOW:

American Express \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID Number: \_\_\_\_\_

(CID Number is the 4 digit number on the right above the embossed number on the front of American Express Cards or the 3 digit number on the back of Visa/MC or Discover cards on the far right hand side of the signature panel on the back of the card.)

In Lieu of my credit card imprint, I, \_\_\_\_\_ hereby authorize Danny K's Celebrity Limousine Service, LLC, DBA Outpatient Travel Services to charge my credit card account indicated above for deposit or balance due for transportation services provided by Outpatient Travel Services. A cancellation within 48 hours of scheduled service must be submitted via email. I understand that a \$75.00 cancellation fee will be charged to my account if i do not provide the email cancellation request. If I decide to pay for my transportation service in full by credit card, I will provide my credit card at time of pick up so it may be electronically processed. For cash balance payment, I will pay for my services at time of pick up.

Name (as it appears on the card) \_\_\_\_\_

Billing Statement Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Fax) \_\_\_\_\_

(Email Address) \_\_\_\_\_

By signing below, I authorize charges to the above credit card for services provided by Outpatient Travel Services

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

For reservation confirmations needed immediately, please call 973-339-9419  
**Please fax this form back to our reservation department at 866-232-9435**