

Credit Card Authorization Form

Exquisite Transportation Associates, Inc.

Complete this form to pay by Credit or Debit Card



#1 - Basic Information

Your Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (HM) _____ (Mobile) _____

e-Mail: _____

#2 - Invoice/Payment Information

Account number: _____ (please include all digits)

Expiration Date - Month: _____ Year _____ Credit Card Debit Card

Print Name Exactly as it appears on card: _____ 3 or 4 Digit Code _____

Cardholder Billing Address: _____

City: _____ ST _____ Zip _____

I hereby authorize Exquisite to charge this card for services provided on: _____

PLEASE SIGN HERE:

#3 - Fax, Mail, or eMail this completed form to:

Exquisite Transportation Associates, Inc
PO Box 124
Gardena, CA 90248
FAX: 310-680-9538
eMail: sghenderso@sbcglobal.net
ALL SALES FINAL

Thank you for the opportunity to serve you!

Please call us should you have any questions: 310-225-6750