

Carmel Taxi and Car Service Inc.

102 Root Avenue
Carmel, NY 10512
845-225-5555

Authorization of Signature on File

I _____
authorize **Carmel Taxi and Car Service Inc.** to charge my credit card for
Ground Transportation Service Rendered.

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Company Name (If Corporate Card) _____

Account Number _____

Expiration Date _____ CVV _____ (Security Code)

(Most cards have a 3-digit number printed at the top of the signature strip on the reverse side of the card. Others, like American Express cards for example, have a 4-digit number printed on the front of the card, above the account number)

Billing Address _____

City, State, Zip _____

Email _____

Phone# _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**A COPY OF BOTH SIDES OF THE CREDIT CARD AND THIS FORM MUST BE SIGNED
AND FAXED TO 845-279-4400 OR EMAIL TO info@carmeltaxi.net**