

# Inter-Continental Limo Services Inc.

17 E Monroe St #171  
Chicago, IL 60603

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www.I-CLS.com



*Moving Executives With Excellence.*

## Credit Card Authorization Agreement

**NAME / COMPANY:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PAYMENT TYPE:**            VISA        MASTERCARD        AMEX        DISCOVER

**Name of cardholder:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **Card Verification Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Order / Invoice Number:** \_\_\_\_\_ **Order / Invoice Date:** \_\_\_\_\_

9M-HOZ

By signing this form I authorize **Inter - Continental Limo Services Inc.** to charge the credit card listed above. I also acknowledge that I have agreed to the Service Terms and Conditions, policies posted on <http://www.i-cls.com/Inter-Continental Limo Services Policy>

.....  
*Print Name*

.....  
*Signature of Cardholder*

.....  
*Date*

PLEASE COMPLETE, SIGN AND FAX THIS FORM BACK TO US AT: 877-474-4257