



CREDIT CARD AUTHORIZATION FORM

Business/Individual name: _____ Date: _____

Department: _____

Address: _____

Phone: _____ Fax: _____

This is an authorization to apply charges to my credit card

Being the cardholder or Corporate Officer, by signing below I understand and agree to the charges set forth and specifically authorize Yellow Cab Broward to charge my credit card. I further agree that in the event my credit card becomes invalid, I will notify Yellow Cab Broward and provide a new valid credit card number to be charged for the payment of any outstanding balances owed to Yellow Cab Broward.

Credit Card # _____ Expiration Date _____

CVC code: Visa/Mastercard: Three digit _____ AMEX: Four digit _____

Authorization Signature _____ Date _____

Name of Authorized Signer _____

Please Print:

Name (as it appears on card) _____

Billing Address _____

City _____ State _____ Billing Zip Code _____

Work Phone () _____ Ext _____

Fax Number () _____

Email Address _____

Please fax completed form to: **954-566-1867** or
Email to: **accountingdept@yellowcabbroward.com**

By this credit card document I hereby give my complete approval to pay in full for all specific services which I have directly ordered and authorized to be booked by Yellow Cab Broward. I further agree to abide by all of the Yellow Cab Broward cancellation and change policies, as discussed at the time of booking.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Yellow Cab Broward will keep all information entered on this form strictly confidential.

For Internal Use Only

Customer Number	Name	Invoice Number