



907 N COUNTRY FAIR DR CHAMPAIGN, IL 61821 217.356.9999

### Credit Card Payment Authorization Form

Sign and complete this form to authorize **STARR LIMOUSINE** to make charges to your credit card for future reservations.

By signing this form you give us permission to debit your account for the amount indicated on each reservation ordered.

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#### Please complete the information below:

I \_\_\_\_\_ authorize **STARR LIMOUSINE** to charge my credit card  
(full name)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Zip \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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.