



CREDIT CARD AUTHORIZATION

A Shining Star Limousine Service
561 US Hwy. 9 North Suite # 2,
Bayville, NJ 08721

SOUTH JERSEY: 609-242-0030
CENTRAL JERSEY: 732-269-1222
FAX: 732-269-1226
Email: info@sstarlimo.com
Website: www.sstarlimo.com

CREDIT CARD AUTHORIZATION

For my convenience, I am authorizing A Shining Star Limousine Service to execute transactions for transportation services on my credit card. Charges will be applied to the following card type:

Please check one:

American Express MasterCard Visa Diners Club Discover

Transactions executed on my behalf will read "Signature on File" on the signature line of the credit card voucher. By executing this document, it will not be necessary for me to sign each credit card voucher. This authorization is valid until such time as written notice of revocation is received by A Shining Star Limousine Service.

Name on Credit Card/Company: _____

Credit Card Billing Address: _____

Billing City: _____

Billing State: _____ Zip: _____

Email Address: _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

In the event that the transaction is charged back to A Shining Star Limousine Services, without dispute, reduction or set-off and suit is instituted, I the client or authorized signer agree to pay in addition to the balance owed a 33% attorney's fee, any interest or court costs.

BY SIGNING THIS FORM I AUTHORIZE A SHINING STAR LIMOUSINE SERVICE TO CHARGE MY CREDIT CARD FOR SERVICES RENDERED, ALSO BE ADVISED THAT DEPOSITS ARE NON-REFUNDABLE.

Cardholder Signature: _____

Print Name: _____

Date of Authorization: _____