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## SIGNATURE ON FILE AUTHORIZATION FORM

This form must be returned to our office along with a <u>copy of the cardholder's id</u> and a <u>copy of the front and back of the credit card</u>.

I,	, hereby authorize Infinity Transportation, Inc.		
to make recurring charges to my credit card for travel related services, and if necessary, initiate adjustments for any			
transactions credited and/or debited in error. This authority will remain in effect until the expiration of the credit card or			
notification by me (us) in w	riting to cancel it in such time	as to afford Infinity T	ransportation, Inc. a reasonable
opportunity to act on it.			
Cardholder			
Card #		Exp Date	Security Code
Billing Address			
(City/State/Zip)			
Cell Phone	Home Phone	E	mail
If anyone other than the cardholder is allowed to make travel arrangements, please print their name(s) below.			
I understand that the Record of Charges, in respect of services received/availed, submitted by you to the credit card			
center/bank will neither bear my signature nor imprint of my credit card. And I, therefore, undertake to unconditionally			
honor and pay, without demur and contestation, the said charges as and when I am billed for the same by the credit card			
issuing institution.	iai and concestation, the said ci	iaiges as and when I t	an office for the same by the credit card
-			Dete
Cardholder Signature			Date

www.infinity-transportation.com