**Goodman Executive Sedan Service LLC**

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX□ Other  |
| Cardholder Name (as shown on card):  |
| Card Number:  |
| Expiration Date (mm / yy):  |
| Cardholder ZIP Code (from credit card billing address):  |

I, , authorize Goodman Executive Sedan Service to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date

Fax copy of the front and back of credit card to be on file as well a copy of your drivers lic.

Fax: 1 888 304 0626

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