



P.O Box 1230 Hoboken, NJ 07030 Tel. 201-333-3335 Fax 201-333-6669
www.CityStarLimo.net

On-File Credit Card Charge Authorization

I (Cardholder full name) _____
Authorize City Star Limousine Inc. to charge all expenses related to my personal account
to my credit card

Credit Card type American Express Master Card Visa

Card number: _____ Exp. _____

Billing address: _____ Apt# _____

City _____ State _____ Zip code _____

Telephone _____ Fax _____

E-mail _____

I understand these charges may include but are not limited to all tolls, parking, waiting time, stops, no-show, and cancellations. Etc

I understand that if I cannot locate my driver, It is my responsibility to call the City Star Limousine dispatcher. Failure to call City Star Limousine and leaving a pick-up location will result in a no-show charge to my credit card.

I understand that if I wish to cancel my reservation, it is my responsibility to notify City Star Limousine at least 2 hours before reservation time. Cancellation for bus/stretch/Van reservations requires 72 hours advance notice. Failure to do so will result in a cancellation charge to my credit card.

By signing below, I read and agree.

Cardholder's Signature Cardholder's name - PRINT Date

Please fax back this authorization form to City Star Limousine along with a clear copy of both sides of your credit card and driver License.

Thank you for contacting City Star Limousine. Please know that we appreciate your business and your interest in our services