Style Limousines, Inc.

6150 Madison Avenue, Saint Louis, MO 63134-2104

STANDARD SIGNATURE AUTHORIZATION FORM

This form authorizes Style Limousines to charge or hold as guarantee of payment the following credit card listed below for services as contracted. We further represent the credit card holder stated below has authorized this transaction.

Cardholder's name as it appears on the credit card:	**Company name:**
HOME( ) - WORK( ) -	FAX( ) -

Cardholder's C.C. billing address, including zip code:

STREET:		
CITY:	STATE:	ZIP:

Credit Card Number: AX VI MS DS DC	**Exp. Date:**	**Security Code:**

Credit Card Issuing Bank Name & Telephone:

☐ **Credit card held as guarantee of payment unless agreed as described below:**

NOTE: Identification is required. Please provide a photo copy of the credit card and passport or Driver's license of the cardholder. By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of the credit card company. Credit Card Authorization Forms are secured in the accounts receivable office for your safety. When credit card is held as guarantee of payment, payment must be received within 30 days of billing unless agreed payment terms are different. If payment is not received within agreed time all charges are due in full with penalty of 3% late fees and charged to the above credit card.

CARDHOLDER'S SIGNATURE: X _____

PLEASE FILL THE FORM AND FAX IT BACK TO 314-521-8975 WITH COPY OF CC. AND ID.

Incomplete information or false statements shall be considered sufficient cause for denial of account.