

Credit Card Authorization Form

Exquisite Transportation Associates, Inc.

Complete this form to pay by Credit /Debit Card



#1 - General Information

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (HM) \_\_\_\_\_ (Mobile) \_\_\_\_\_

e-Mail: \_\_\_\_\_

#2 - Invoice/Payment Information

Account number: \_\_\_\_\_ (please include all digits)

Expiration Date - Month: \_\_\_\_\_ Year \_\_\_\_\_  Credit Card  Debit Card

Print Name Exactly as it appears on card: \_\_\_\_\_ Card Code \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize Exquisite to charge this card for services provided on: \_\_\_\_\_

**3% processing fee will be applied to all credit card charges**

**MUST SIGN HERE:**

#3 - Fax, Mail, or eMail this completed form to:

Exquisite Transportation Associates, Inc

333 W. Florence Ave

Inglewood, CA 90301

**FAX: 310-680-9538**

**eMail: sghenderso@sbcglobal.net**

Thank you for the opportunity to serve you!

Please call us should you have any questions: 310-225-6750

