ALL OCCASION LIMOUSINE
5665 ANDREWS RD
MENTOR, OH 44060
OFFICE: (440) 257-8728
FAX: (440) 209-8782

I, _____, authorize ALL OCCASION LIMOUSINE, INC.
PRINT

to charge my credit card in the amount of: $_____.____ Cost

_____ _____ _____
Credit Card # Master Card/ Visa – only **3 Digit/Back** **Exp. Date**

Billing Information

Name on Card:_____

Address: _____

City; _____

State:_____ Zip Code: _____

I authorize All Occasion Limousine to apply the above amount to the credit card I have listed. I understand if the above charges are declined for any reason I will remain liable to make the payment in full via cash, money order, or certified cashiers check.

X_____ _____
Signature **Date**