



Credit Card Authorization

Please fax back to 619-281-0906

* Name on Card: _____
Company: _____
* Phone Number: _____
* Credit Card #: _____
* Expires: _____ * CSC # _____
(back of card): _____

*** REQUIRED INFORMATION TO PROCESS YOUR RESERVATION(S):**

- Provide a readable copy of your driver's license
- Provide a readable copy of your credit card (FRONT & BACK)

CARDHOLDER BILLING ADDRESS

(Where credit card statements are mailed)

* Street Address: _____
* City: _____
* State: _____ * Zip: _____

I hereby authorize Avant Garde Limousine, LLC to charge credit card for services in advance. Client assumes financial responsibility for overtime, damage, missing or broken glassware, electronics or other equipment caused to vehicle by passengers or Client. It is illegal to stand through the sunroof. Avant-Garde is not responsible for road delays caused by circumstances beyond our control. Not responsible for items left in vehicle. Any balance must be paid in full by the service date. 96hour cancellation notice required: 120inch \$100, over 120inch, \$200. Chauffeur may terminate service at anytime without refund for drug use, abuse, smoking, or intoxication. Sanitation required will be \$300. Corporate accounts: please refer to your

* Cardholder
Signature: **X** _____

Date: _____

Avant-Garde Limousine, LLC

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