



651 Aldo Avenue
Santa Clara, CA 95054
(408) 727-0000
Fax (408) 988-9294

CREDIT CARD AUTHORIZATION FORM

Credit Card Type: _____

Account Number: _____

Expiration Date: _____

Billing Information: Name on Card _____

Street Address _____

City _____ State _____ Zip Code _____

Security Code (CVV): _____

Date(s) of Service: _____

Confirmation Number(s): _____

Total Amount: _____

Please attach a photocopy (front and back) of the credit card.

All deposits are non-refundable and non-transferable.

I understand if service exceeds original agreement, overtime charges may be charged to my credit card.
I further understand there is a full charge for cancellation if reservation is not cancelled within at least 4 hours of the scheduled trip for airport transportation or within 72 hours of a scheduled charter.

I authorize El Paseo Limousine & Corporate Transportation to charge the above.