



GRIFFIN TRANSPORTATION

WORLDWIDE CHAUFFEURED SERVICES

Credit Card Authorization

(Please read through carefully and complete ALL fields)

Name as it appears on credit card: _____

Company Name: _____

Billing Address: _____
(where the credit card statement is sent)

City: _____ Province/State: _____ Postal/Zip: _____

Work number: _____ Alternate number (cell): _____

Fax number: _____ E-Mail Address: _____

Credit Card Information

Type: MC _____ VI _____ AMEX _____ 3 Digit CVV _____
(Amex 4 digits on front)

Credit Card Number: _____ Exp Date: ____/____

Please charge my Credit Card as Indicated:

____ Signature on file for all orders on my account

____ Total charges for reference numbers: _____

I, the undersigned, hereby authorize Griffin Transportation Services Inc. to charge the above listed credit card for transportation and related services which may be rendered through Griffin Transportation Services Inc. and/or its affiliates, in accordance with all terms and conditions of the rental agreement unless other form of payment is made in full of the charges. Vehicles are kept non-smoking. I understand that wait time for any reason, travel time (if outside the city limits), extra stops (except on hourly service), parking, tolls & other incidentals, vehicle damage caused by me or my guests, excessive clean-up cost and cancellations or changes without required notice will also be charged to my credit card. Cancellations/changes must be given in accordance to our cancellation/change policy to avoid any charges in full or part to the credit card.

Authorized signature: _____ Date: _____
(must be the same name as what appears on front of credit card)

Please complete, sign and date this form. Then fax back to our office along with a legible copy (please enlarge & lighten) of the front and back of your credit card to (604) 682-4337.

Thank You