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Account Agreement And Authorization

Thank you for your interest In Capital Region Limousine. To setup an account with us please print, fill out and fax back to 877-588-3916. We look forward to providing you with all of your luxury transportation needs.

COMPANY : _____	TYPE OF CARD :		
FIRST NAME : _____	VISA	MASTERCARD	AMEX
LAST NAME : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS : _____	NAME ON CARD : _____		
APT/STE/BLD : _____	CARD NUMBER : _____		
CITY : _____	EXPIRATION : _____		
STATE : _____	THREE DIGIT CODE : _____ (Visa Mastercard, found on back of card)		
ZIP : _____	FOUR DIGIT CODE : _____ (American Express, found on front top right of card)		
PHONE : _____	BILLING ADDRESS : _____		
FAX : _____	_____		
EMAIL : _____	_____		

Authorization

This is a personal/company account agreement between above individual/company and Capital Region Limousine, Inc.. By signing this agreement I authorize Capital Region Limousine, Inc. to charge my account for monies owed to Capital Region Limousine, Inc. for services rendered.

I further acknowledge that I am the account holder and I am authorized to make future reservations on this account. I assume full responsibility for any and all non-payments. The cancellation policies, as well as rates, have been fully explained to me and I understand the same. I further understand that rates may change based on, additional stops, parking, tolls, and other miscellaneous expenses.

PRINT NAME : _____

SIGNATURE : _____

DATE : _____