

WWW.PEARSONAIRPORTLIMOUSINE.COM

CREDIT CARD AUTHORIZATION FORM

To be faxed to (905)702-7455 or
Email to: info@pearsonairportlimousine.com
AIRPORT TRANSPORT processing department

I, _____
(Name, as appears on the credit card)

The holder of the card

(Card number)

Expiration date: ____ / ____
(Month/Year)

Hereby authorize Airport Transport to charge the above mention card

For the amount of \$ _____

_____ **Canadian Dollars**
(Dollar amount in writing)

Confirmation#: _____

(Card holder's Signature)

(Date of the agreement)

Please also include a readable photocopy of both sides of the credit card