



SIGNATURE ON FILE AUTHORIZATION FORM

PLEASE CHECK ONE:

- American Express Visa/ MasterCard Discover Diner's Club

Credit Card number: Expiration Date:

CCV (Security Code) *Located at the top of the signature strip on the reverse side of the card. AMEX located on the front.*

Cardholder's Name (as it appears on card)

Billing Address for credit card:

Customer Service phone # on back of credit card (mandatory):

THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE & SIGNED BY THE AUTHORIZED USER ONLY:

I, _____ AUTHORIZE VIA LIMOUSINES INC. TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR GROUND TRANSPORTATION SERVICES.

PLEASE LIST ALL PERSONS AUTHORIZED TO CHARGE SERVICES TO THIS CARD:

- 1. Billing Contact: Title: Phone:
- 2. Main Contact: Title: Phone:
- 3. Authorized User: Title: Phone:
- 4. Authorized User: Title: Phone:

SIGNATURE OF CARDHOLDER: _____ DATE: _____

www.vialimos.com - Phone: (312) 371-1118 Fax: (708) 349-7717