



Intouch Limo Plus LLC

1609-1620 Vauxhall Rd Suit 323, Union, NJ 07083

1888-760-3111 908-206-0311

908-206-0388 Fax – Ext# 5

AUTHORIZATION TO DEBIT CREDIT CARD

I, _____ hereby authorize [*Intouch Limo Plus LLC*] to debit my below credit card in the below listed amount or any amounts pre-approved by me. I understand that execution of this authorization constitutes such approval. I assume full responsibility for any and all non payments. The cancellation policy has been fully explained to me and I understand the same.

I further understand that the below charges may change based on gratuity, additional stops, parking, tolls, and other miscellaneous expenses.

Full Name: _____
(as it appears on credit card)

Home/Billing Address: _____
City State Zip

Phone #: (____) _____
home work

Signature: _____ Date: _____

Please return this Authorization along with a copy of the front and back of your credit card and a copy of your driver's license or other valid identification. Fax all documents to: [*Intouch Limo Plus LLC. Fax# 908-206-0388*]