

## Credit Card Authorization Form

Mail completed application to: Prestige Premier Group, Inc. P.O. Box 2680 Durham, NC 27715

Regulations pertaining to credit card purchases require Prestige Premier Group, Inc. to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. Please fill out this form **completely** to assure prompt processing and mail to the address shown above.

## **CUSTOMER INFORMATION**

COMPANY NAME				
ADDRESS				
CITY	STATE	ZIP CODE		
TELEPHONE NUMBER				
		PLEASE CHECK APPROPRIATE BOX		
NAME AS IT APPEARS ON CREDIT CARD		AMEX Visa	☐ MasterCard	☐ Discover
BILLING ADDRESS		CARD NUMBER		P DATE
CITY STATE	ZIP CODE	CVC2, CVV2, or CID Security Code on the card		
I certify that all information prov and I hereby authorize Prestige P provided to me by Prestige Prem	remier Group, Inc. to c			
AUTHORIZED SIGNATURE				DATE
PLEASE PRINT CARDHOLDE	D'S NAME CLEADLY	v		

I, the undersigned, authorize Prestige Premier Group, Inc. to charge the above referenced credit card for transportation and related fees, plus a 20% gratuity. I understand that if the event is not cancelled 2 hours prior to scheduled pick-up time for transportation service or if passenger does not show up for the confirmed reservation, I will be charged the full amount of the trip.