



LIMOCORP OF NEW YORK, LLC.

175 Pearl Street, Brooklyn NY 11201

LIMOCORP OF NEW YORK
www.limocorpofny.com

Toll Free: (866) 791-9447
 Metro Line: (917) 677-7722
 24 Hours / SMS / Whatsapp: (212) 203-7336
 Fax: (917) 677-9522
 Email: hello@limocorpofny.com

Customer's request and authorization to charge service to a Credit Card

Visa Mastercard Amex Diners Club Discover

Card Number: _____ Exp. Date: ____ / ____ / ____ Security _____

Personal Corporate Company Name: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

List Of Reservations Confirmation Number(s):

	Confirmation #	Date & Time	Car Type:	Estimated Fare	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

I hereby authorize LIMOCORP OF NEW YORK, LLC. to charge all of the above listed requests for transportation services to my credit card account indicated herein. I understand that the amounts listed above are the only estimated fares and that the final amounts will be billed upon completion of service. I, hereby, also authorize the respective credit card company to accept and honor all charges submitted by LIMOCORP OF NEW YORK, LLC. in lieu of my signature at the bottom of this agreement. By signing this agreement, I acknowledge and agree that all passengers must comply with the company pick up, airport pick up, no show and cancellation policies. I understand that all changes and cancellations must be reported in a timely fashion to the company dispatch office in order to avoid charges and late cancellation fees. I understand this is my duty to inform LIMOCORP OF NEW YORK, LLC. of any changes to any reservations made by me or my authorized agents, make sure all necessary information was given in order to make the pick up. If I fail to do so I agree to pay LIMOCORP OF NEW YORK, LLC. in full fare plus any expenses involved. My signature below constitutes my acceptance of all terms, conditions and policies listed here and a financial obligation to pay LIMOCORP OF NEW YORK, LLC. and the respective credit card company.

Signature: **X** _____ Date: ____ / ____ / ____