



534 Kinsale Road  
Lutherville, MD 21093  
410 841-8400/Office  
410 372-3750/Fax

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Credit Card Authorization Form

FAX completed form to **410 372-3750** or email to **reservations@thefranklinchauffeur.com**

Your Company Name: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV# (security/3 digit code on back or **4 digits on front of AmEx**): \_\_\_\_\_

**Credit Card Billing Address (must be a physical address):** \_\_\_\_\_ **Additional Gratuity?:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize my signature to be on file with *The Franklin Chauffeur, LLC* for the purpose of transportation service transactions on my credit card. I also authorize the respective credit card institution designated to accept this form in lieu of my signature appearing on the individual credit card receipt for transactions rendered.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Please tell us how you heard or discovered our company:** \_\_\_\_\_

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