

Parkway Limousine



Premium Chauffeur Service

Credit Card Authorization Form

The undersigned personally guarantees all payments due for transportation services provided for any and all persons using the name below.

******Please send a copy of your driver's license and credit card (Front and Back)******

Passenger Name: _____

Credit Card #: _____

Expiration: _____ CVVS #: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____

I agree to Parkway Limousine Inc. service terms and conditions and rates. **NON-Refundable deposit of 25% will be charged at the time of booking. A cancellation fee equal to the total trip cost including gratuity will be charged to the above credit card for any cancellation made less than 72 hours before the scheduled pickup time.** Parkway Limousine Inc. cannot be held responsible for passenger flights or trains that are missed, canceled, diverted, delayed or any other incident the company cannot control which results in failure by the customer to comply with the above required cancellation policy. We will exact our best effort to fulfill client needs, in these instances, subject to wait time fees or late cancellations and re bookings, without detriment to other reserved clients. If for any reason the account balance is not paid, I agree that I will be liable for any and all reasonable legal fees and costs, in addition to my outstanding balance.

I, hereby authorize Parkway Limousine Inc. to debit my credit card in the amount listed below 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 additional stops, parking, tolls, overtime and other miscellaneous expenses. No further signatures will be required for such a credit card payment. Charges will show as "Parkway Limousine Inc." on your credit card statement.

Operated by Northwest Limousine Service

Signature: _____ Date: _____

Printer Name: _____

You can send us this page along with copy of your driver's license and credit card (Front and Back) to our email at info@parkwaylimousine.com or fax us at (347) 862-9577.