



Fax # 301-324-9065

# Credit Card Authorization Form

Please fill in the following information

[Circle one] Visa Master card Discover American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ SIC Code: \_\_\_\_\_

### Where do I find this Security Code



Print Name as it appears on the credit card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

X

Cardholder Signature

Date

I, the undersigned authorize LSA Worldwide (LSA) to charge the above referenced credit card for transportation and related services. I understand that if trip is not cancelled according to terms or if passenger doesn't show up for the confirmed reservation, I will be charged a full amount of the trip.

I further agree to the terms and conditions of LSA and herein authorize charges to the above referenced credit card for transportation and other services provided.