

Paradise Transit Inc Authorization To Charge Credit Card

Please charge transportation services to the credit card listed below:

\_\_\_\_ American Express    \_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ Discover Card  
Credit Card Number:

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Expiration Date:    

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Month                                      Year

CID Number:    

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4 Digit number on the right above the endorsed number on the front of American Express or 3 digit number on the back of VISA/MC or Discover Cards on the right hand side of the signature panel on the back of the card.

*Please print clearly*

NAME: \_\_\_\_\_  
(as it appears on Credit Card)

BILLING STATEMENT ADDRESS:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

I, _____ hereby authorize Paradise Transit, Inc, to charge \$ _____ to the credit card indicated above for the Non- Refundable Deposit or Balance Due for transportation services reserved with, or rendered by Paradise Transit, Inc for Reservation's: # _____ Authorized Signature: _____ Date: _____
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<p align="center"><b>*Cancellation – No Show Policy*</b></p> <p>A cancellation fee equal to the total trip cost including gratuity will be charged to the above credit card for any cancellation that is made less than four hours before the scheduled pick up time.</p>
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PLEASE FILL OUT THIS FORM AND RETURN TO PARADISE TRANSIT, INC.

THANK YOU