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## CREDIT CARD AUTHORIZATION FORM

- Visa                       Diners Club                       American  
 MasterCard                       Discover                      Express

CONTRACT/INVOICE NUMBER: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

VCN NUMBER (LAST 3 DIGITS ON THE BACK OF THE CARD) \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I authorize *Metropolitan Shuttle* to charge the credit card listed above in accordance with my preferences checked above. I agree to perform the obligations set forth by the card member's agreement with the issuer. I also agree that *Metropolitan Shuttle* may charge back to me any "Chargeback Fees" incurred due to the card member disputing or charging back a valid charge. Please contact our Accounting Office before disputing or charging back with the card issuer. Overtime Fees will be charged as per contract. Remitting payment constitutes acceptance of the Invoice/Contract associated with this authorization form and the Terms & Conditions of *Metropolitan Shuttle*.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**For Metropolitan Shuttle Office Use Only:**

Contract Number: \_\_\_\_\_ Date: \_\_\_\_\_ Rep: \_\_\_\_\_