



# StarGazer Limousine Service



9548 County Road K, Tomahawk, WI 54487  
stargazerlimousine.com stargazerlimousine@yahoo.com Fax: (715) 453-2999  
Phone: (715) 453-2929 or (715) 892-2760

## Credit Card Authorization

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Billing Address: \_\_\_\_\_ (Where Credit Card statement is mailed to)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (required)

Thank you for choosing StarGazer Limousine Service, LLC. The information below signifies that you hereby authorize StarGazer Limousine Service, LLC to charge the credit card listed below for the services/products listed below. Please read and initial the statement below, complete the billing section, and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder. Please contact us with any questions regarding this form at (715) 453-2929.

I authorize StarGazer Limousine Service, LLC to charge my credit card in the amount of:

\$ \_\_\_\_\_ from the credit card account listed below. I understand this will post as a charge on the account listed below on \_\_\_\_\_ and that I have authorized this charge for a deposit to hold a date for requested transportation services for: \_\_\_\_\_  
(Event)

By signing and initialing this agreement, I also authorize StarGazer to charge the below provided credit card for any unpaid balance that is due upon the start of service unless I provide an alternative form of payment, such as a check, cash, etc.

\_\_\_\_\_ (initials)

Cancellation/return policy: If we are unable to provide service or you have to cancel your event, (cancellations must be made within two (2) weeks before event date) we will refund the full amount to your card upon your request.

\_\_\_\_\_ (initials)

**Credit Card Number: (please print clearly)**

**CV/Security Code:** \_\_\_\_\_ (3 or 4 digit code on back of card)

**Expiration Date:** \_\_\_\_\_

**Card Type:**      **Visa**      **Mastercard**      **Discover**      **American Express**      (circle one)

**Name as it appears on the credit card to be billed:**

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

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