$12400\ Ventura\ Blvd.\ Suite\ 245,\ Studio\ City,\ CA\ 91604 \sim Tel:\ 818-332-8809 \sim Fax:\ 818-647-0212 \sim winnlimo@gmail.com \sim www.winnlimo.com$ 

Please print clearly, complete and fax it to (818)647-0212	
Today Date	M D Y
In Lieu on my credit ca On behalf of the credit card listed b	rd imprint, I authorize Winn Limo Service Inc. to charge elow for services provided.
Name of Card Holder	
Credit Card Billing Add	ress Street
	City   State   Zip Code
Card Type	☐ Visa ☐ Master Card ☐ Discover ☐ American Express
Card Number	
Card Expiration Date	M Security Code (The last 3 digits On the back of your card
Home / Office Phone N	umber Fax Number
Authorized Passenger	
authorize Winn Limo Servic	wledge the charges listed on the Winn Limo Service Inc. web site. In the event of passed cancellation deadline, I see Inc. to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation. I understand that I'm liable for any late fees, d other charges. I will not dispute this charge. Payment based on Winn Limo Service Inc. rate listed on the web as larges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.
	All Reservations Are Final, No Refunds Upon Cancellation
Client's Signature	Print Name  Date  M D Y