

Credit Card Pre-Authorization Aerofleet Cab Services Ltd.

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Date:		
I,give Aerofleet Cab Services Ltd. authorization to charge my Credit card for the Taxicab Ride. Card Holder Name:		
Phone Number:		Fax Number:
Card Type(Select One): Amex / MasterCard / Visa		Credit card No. :
Exp. Date:		Three Number Code:(On the back):
Amount per trip(Leave blank if unknown):		
Number of trips(If multiple):		
Gratuity:		
Total Amount*:		
Signature:		
<u>Trip Information</u>		
Passenger Name:		Contact Phone (Cell):
Pick up Date:		Pick up Time:
Pickup Address:		
City:		Major Intersection:
	City.	Major Intersection.
Destination:		
	City:	Major Intersection:
Additional		
Information:		
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* There will be extra charge for waiting time, stops or any additional pick ups and drop offs.		