

# H A W A

Limousine & Transportation Services

Washington, DC 20009

Phone: 703-496-6461 / 202-683-4292

## CREDIT CARD AUTHORIZATION RELEASE FORM TO BE COMPLETED BY AUTHORIZED CARDHOLDER

**Contact name:**

CARDHOLDER

Name: last \_\_\_\_\_ First \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

Billing Address, phone and fax on credit Card Account

Address \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) - Fax#: ( \_\_\_\_\_ )

I \_\_\_\_\_ (Cardholder)

Hereby authorize Hawa Transportation LLC to charge my credit card for the limousine service / other (specify)

\_\_\_\_\_

My credit Card Number: \_\_\_\_\_

American Express: \_\_\_\_\_

Expiration date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Security code \_\_\_\_\_ (Back card)

MC & VISA: \_\_\_\_\_

Expiration date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Security code: \_\_\_\_\_ (Back card)

**TOTAL:** \$ \_\_\_\_\_

Please send eligible copy if the front and back of the credit card and driver's license or ID of the credit Card holder.

**I AGREE TO BE TOTALLY RESPONSIBLE FOR THE CHARGES MADE BY HAWA TRANSPORTATION LLC ON MY CREDIT CARD.**

Cardholder Signature: \_\_\_\_\_ date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_