StarGazer Limousine Service, LLC

Ride with Us!

920-475-3728 • Web: www.stargazerlimousine.com • E-mail: stargazerlimousine@yahoo.com
W3255 County Road MM
Elkhart Lake, WI 53020

Name: _____ _____ Date _____
First Last

Billing Address: _____
(Where Credit Card statement is mailed to)

City: _____ State: _____ **Zip: _____(*required)*** Phone #:_____

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 statements 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. 1-920-475-3728

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.

_____
Initial Here

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.

_____
Initial Here

Credit Card Number:

CVV/Securitycode: | | | |

Expiration Date: | | | | |

- Visa
- Mastercard
- Discover
- American Express

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

Signature:_____ **Date:**_____