

## **Payment Authorization**

CARD:		
EXPIRATION DATE:		CARD CODE:
Name on the card:		
Billing Address:		
City:	State:	Zip code:
Invoice # or Confirmation No. #:		Payment Amount:
Invoice # or Confirmation No. #:		— Payment Amount: ————
Invoice # or Confirmation No. #:		— Payment Amount: ————
Invoice # or Confirmation No. #:——		— Payment Amount:
		Grant Total:
Signature of the card holder:		Date:
orginature of the card holder.		Δαις

DC Private Car. | Web: www.dcprivatecar.com | E-mail: info@dcprivatecar.com | Office: 202.459.4517 Fax: 877.459.5971

By signing above, you have authorized DC Private Cars to bill your credit card for all of your service

trips. (You agree on the term and policy listed online at www.dcprivatecars.com)