

ANTELOPE EXPRESS



661-947-2LAX

www.antelopeexpress.com

Credit Card Authorization Form

Cardholder Information

Cardholder Name (As Imprinted On Card)

Business Name (If imprinted on card)

Billing Address

City

ST

Zip

()

Phone Number

()

Fax Number

Email Address

Credit Card Information

Credit Card Type:

- Visa**
 Master Card
 American Express
 Discover

Credit Card Number _____

Expiration Date _____ / _____

Security ID # _____

(last 3 or 4 digits located on back of card)

Amount to be Charged _____

NOTE: This form must be completed, signed and returned to an Antelope Express representative in order to be processed
INCOMPLETE FORMS CANNOT BE PROCESSED.

AGREEMENT:

I certify all information provided to Antelope Valley Airport Express, Inc. is true and correct to the best of my knowledge and hereby authorize Antelope Valley Airport Express, Inc. to charge the indicated credit card for services provided and any applicable excess usage fees subject to and in accordance with the agreement governing the use of such card.

Authorized Signature

Date

Printed Name

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Thank You.

