



15111 N Hayden Rd # 300
 Scottsdale, AZ 85260
 Toll: 877-474-4847
 Fax: 480-422-4396
 www.VIPRide.com
 www.Starlitelimos.com

CREDIT CARD AUTHORIZATION AGREEMENT

IMPORTANT:

To help deterring fraudulent use of credit cards, please fax us an enlarged and lightened copy of **THE FRONT AND BACK OF YOUR CREDIT CARD**, and **YOUR DRIVER'S LICENSE** along with this form signed to **480-422-4396**

Please read and initial each line:

PAYMENT: Initial _____

All fees must be paid in full 2 weeks in advance of your service day. Business/Personal checks must be in our office 3 weeks in advance. I understand that I will be responsible for any Parking or Toll fees. For overnight charters, I will arrange and pay for driver's hotel room.

DEPOSIT: Initial _____

A minimum of deposit of 50% must be paid at the time of reservation to secure your vehicle for the service date.

CANCELLATION: Initial _____

A full refund will be issued if cancellation is made **WITHIN 3-business days** of this contract after which I fully understand that I may be charged minimum of \$100 and/or up to 50% cancellation fee for any services that is canceled 3-business days **AFTER** this contract's date. **CANCELLATION** made within 1 week prior to your service date will be charged in full price of the trip and qualify for **NO REFUNDS**. I understand that I will forfeit the full amount of the contract. When canceling, please make sure to ask for your Cancellation Number from our cancellation department. The Cancellation Number is required to receive any refunds that may be due.

REFUND: Initial _____

All deposits are non-refundable after 3 days of signing of this contract. All refunds are processed by Accounting Department. Please make sure to have your cancellation # when calling for refunds. All refunds will be issued within 7 business days. Refunds may be issued back to the originating credit card or issued a refund check.

DAMAGES: Initial _____

I accept full responsibility for all damages to vehicle and it's contents caused by the actions in my party. Min. fee for sickness is \$250.00; trashing or spilled drinks \$100.00; \$20 per broken/missing glassware. I understand responsible for any damages to the vehicle or its contents by me or by any person in my party. All repair costs and/or vehicle down time will be charged to your credit card. You may call our operations department for an itemized receipts.

OVERTIME, ITENARARY CHANGES : Initial _____

All rates quoted by VIPRide's representatives are based on your itinerary. Your final charges may increase in case of changes to your itinerary, such as additional overtime or distance traveled. **NO REFUNDS** are issued for vehicles released earlier than scheduled.

UNIMPROVED ROADS: Initial _____

Service may not be offered over gravel or dirt roads that may cause damages to vehicle or unsafe to drive on at drivers discretion.

CARDHOLDER NAME (as it appears) _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: HOME: _____ - _____ - _____ WORK: _____ - _____ - _____ CELL: _____ - _____ - _____

CREDIT CARD TYPE: VISA MasterCard American Express Discover

CARD NUMBER: _____ 3-digit code on back _____ EXP DATE: _____ / _____

SERVICE DATE(s): _____ / _____ / _____ ESTIMATED AMOUNT \$ _____

CARDHOLDER SIGNATURE: _____ DATE: _____