

Credit Card Authorisation

In order for us to process your request, please print, complete and email to bookings@limousineline.com.au

Registered Company Name:			ABN:	
Phone No:	Fax:	Er	mail:	
Mailing Address:				
Billing Address:				
Primary Contact:			Email:	
Phone No:				
Account Payable Co	ontact:		Email:	
Phone No:				
Terms of Payment				
All Amounts are	e in \$AUD.			
(Special Vehicle booking). In the event of and an amend	es including Coaches, H	ummers and Stretched	prior to the transfer dated or d Limousines require full payr ges will be processed at the e.	ment 14 days prior to
	Visa M	aster Card	American Express	
Card #:				_
Expires:		Security Code:		_
Postal Code (For Cre	dit cards registered ou	utside of Australia)		_
Cardholder's Name:				
Company :				
Phone No:				
Address:				
Email:				