

Torrey Pines Transportation Inc.

10637 Roselle St. Suite B, San Diego, CA 92121
(858) 587-1184 (800) 443-5141 (858) 587-1446 Fax

AUTHORIZATION TO DEBIT CREDIT CARD

Name: _____
(As it appears on the credit card)

Billing: _____
Address _____
Of Credit Card _____

Telephone: Home: _____ Office: _____

Credit Card Information:

___ Visa ___ MasterCard ___ Discover ___ Diners ___ American Express

Credit Card Number: _____

Exp Date: _____ **CVC #** _____

CVC # is located above the credit card number on American Express and on the back of the card for Visa and M/C

I, the undersigned, hereby authorize Torrey Pines Transportation Inc. to charge the above listed credit card account the amount on each invoice for transportation services.

Cardholder

Signature: _____ Date: _____

For all reservations the balance will be charged at the completion of service. Cancellations made less than 2 hours prior to pickup time will be charged full balance.

*****Please return this form with a legible front and back copy of the above credit card. This is required to verify information.*****