

Credit Card Authorization Form (CCOF)

Requirements

Greetings,

We are pleased that you have decided to travel with Cowry Classic Limousine! Below you will find the requested application for direct credit card billing. Please review requirements and make sure everything is completed prior to sending back to us avoid any delays or non-approval of the CCOF request.

Please submit to INFO@COWRYLIMO.COM or FAX # 678-940-3099

- Application must be completed in detail including billing information and contact information for card holder.
- Signature of the card holder must match card copy and is required this is giving authorization for direct bill to their credit card. Electronic signature allowed must match copies.
- Clear readable copies of the credit card (front and back) and driver's license.
- Signature verification: photo ID required on personal credit cards and corporate card that have not been signed, Signature on documents must match signature on CCOF Application or CCOF will not be approved.
- Booker/passenger <u>must</u> confirm receipt of application and its approval prior to trip date - sending CCOF does not = Approval.
- For all customers requesting Perm CCOF we require 6 months of continuous use before approving Perm CCOF. If use is for corporate Card/Account, see requirement below.

Cowry Classic Limousine Service

PHONE # (678) 873-4442
SUBMIT VIA EMAIL: INFO@COWRYLIMO.COM

ATTN: Reservations Department

Rev 09/01/23



CREDIT CARD TELECHARGE REQUEST

LETTER OF AUTHORIZATION

I hereby authorize Cowry Classic Limousine to place charges for service on the credit card listed below: I have carefully read Cowry's policy (Terms of Service) on their website as stipulated on my confirmation(s).

Please Check One*: for future use.		nt Credit Card Char s letter of authorizati	_	-
	_Event Cre	edit Card Charge – 0	nly authorized to ch	arge for
reservation(s) listed below	V.			
Please circle the approprio	ate credit co	ard*:		
American Express	Visa	Master Card	Discover JCB	Diners Club
Credit Card #*:		Exp Date	e*: Securit	y Code * :
Name as it appears on Car	d * :			
Cardholder Signature RI	EQUIRED*:			
Date Signed*://				
PLEASE NOTE: SIG	NATURE A	ABOVE MUST MATCH	H SIGNATURE ON T	HE CARD!!
Company / Individual Na	ame*:			
Billing Address*:				
Email Address*:				
Office Phone #:				
Cell Phone #:				
Fax #:				
Name of Person (s) to be t	ransported	*:		
Confirmation /Recervation	#* •			

* Information is mandatory and is therefore required

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Permanent CCOF Request

Requirements

To secure this billing method, please submit the following information on your company letter head authorizing Cowry Classic Limousine to bill the credit card submitted for future travel needs until card provide expires.

Review carefully **prior** to submitting!

Copy and paste the following statement below to your company letterhead and return with CCOF Application.

(Card holder's name and title) authorizes CCL to directly bill (card type and last 4 digits of card number - -> (example) AMEX# 1154) for all confirmed trips within the scope of Cowry Classic Limousine cancellation policy:

Your signature on this CCAuthForm means that you agree to comply and adhere to all of Cowry Classic Limousine Services Policies, Terms & Conditions which applies to all reservations as stated on your confirmation(s).

You can view a copy of our policies and procedures at https:// www.limoserviceatlanta.com/pdf/Cowry-policies.pdf or you may also request one to be emailed or faxed to you for your review. Your deposit to reserve is based on the date you reserve in reference to the policies and procedures If there are any questions please spe ak with a sales representative which will be more than happy to assist you. Information contained herein is considered true and accurate unless otherwise corrected by notifying Cowry Classic Limousine Services.

Print Name (Cardholder)*	Signature (Cardholder)*	Date*

***SIGNATURE MUST MATCH SIGNATURE ON CARD AND CCOF APPLICATION FOR APPROVAL

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