

Yellow Cab Co. Peninsula, Inc.

505 Asbury St.
San Jose CA-95110
Ph: 408-739-1234 Fax: 408-275-9707
www.yellowcabpeninsula.com

**COPY OF YOUR
CREDIT CARD
(FRONT SIDE)
COPY MUST BE
CLEAR**

**COPY OF YOUR
CREDIT CARD
(BACK SIDE)
COPY MUST BE
CLEAR**

CREDIT CARD AGREEMENT

Name of Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: (____) ____ - ____ x ____
Fax: (____) ____ - ____ x ____ E-mail: _____

I, _____ hereby authorize Yellow Cab Co. Peninsula, Inc. Charge my American Express/Master Card/Visa Card to secure payment for Transportation. Yellow Cab Co. Peninsula, Inc. will receive approval for the full amount of the ride at anytime but no later than 3 weeks after the Transportation is provided. I understand that there is no return or refund to this transaction.

Card Holder Name: _____ Signature: _____

CC# _____ Expiration Date: ____/____

Name & Phone number of Issuing Bank (You will find that at the back side of your card) _____

The Amount of: \$ _____ - _____ (Dollars in Words) _____

Type: (Master/Visa/AMEX/Credit Card or Debit Card) _____

Authorized representatives permitted to incur and charge for the account listed above:

For Office use only

Sales Representative: _____ Estimated Revenue: \$ _____

CREDIT CARD HOLDER'S BILLING ADDRESS

X _____
Credit Card Holder's Authorized Signature

For Official use (Do not write below this line)

Authorization# _____ Amount _____ Date _____ By _____