Rim LIMO INC
1-877-468-1800

Payment Authorization

CARD: |___|___|___|___|___|___|___|___|___|___|___|___| ___|___|___|___|___|___|

EXPIRATION DATE: |___|___||___|___||___|___|___|___| **CARD CODE**: |___|___|___|___|

Name on the card: _____

Billing Address: _____

City: _____State: _____ Zip code: _____

Invoice # or Course ID #: _____ Payment Amount: _____

Invoice # or Course ID #: _____ Payment Amount: _____

Invoice # or Course ID #: _____ Payment Amount: _____

Invoice # or Course ID #: _____ Payment Amount: _____

Grant Total: _____

Signature of the card holder: _____ Date: _____

By signing above, you have authorize Rim Limo to bill your credit card for all of your service trips. (You agree on the term and policy listed online at www.rimlimo.com)