



Credit Card Authorization Form

Payment of Taxi Chit Account

Casino Taxi Account Number : \_\_\_\_\_

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

By providing information and signing above I/we authorize Casino Taxi to charge monthly taxi chit invoices to the credit card. I understand that credit card information will be saved to file to process transactions.