

Credit Card Fax/Email Authorization Form

MYDFWRide.com
P.O. Box 93764
Southlake, TX 76092
Phone: 469-666-RIDE
-7433

I _____ hereby authorize **MyDFWride.com** to debit my Credit Card.
VIP Name

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____

IN THE AMOUNT OF \$_____ FOR THE FOLLOWING SERVICE:

By this credit card document I hereby give my complete approval to pay in full for all services Which I have directly ordered & authorized to be booked by **MyDFWride.com**
I further agree to abide by all of **MyDFWride.com** cancellation and change policies.

MY BILLING information FOR THIS CARD IS:

Cardholder Name (As it appears on the Card)

Billing Address

City State Zip

Phone Secondary Phone Fax

Contact email address

Cardholder Signature Date

Please fax/EMAIL completed form back to: 817-912-1022 Thank you!

