



ADDRESS: 591 SUMMIT AVE. SUITE 308
JERSEY CITY NJ 07306

E-mail: info@a1qe.com

Web: www.a1qe.com

Credit card Signature on file authorization form

Please check one: American Express MasterCard Visa Discover

Please check one: Personal Card Corporate Card

Credit Card Number: _____

Expiration Date: _____ CVV/CVC: _____

Name as it appears on card: _____

Company name if corporate card: _____

Billing address: _____

Zip Code: _____

PLEASE INDICATE BELOW WHETHER SERVICES ARE FOR SINGLE OR MULTIPLE USES

Single use {One reservation only}

Multiple use

I, _____ authorize A1 Quality Express Inc. to process the above credit card as "Signature on file" for ground transportation services.

Signature of cardholder

Date

Phone number

Fax number

PLEASE PROVIDE COPY OF BOTH SIDES OF THE CREDIT CARD AND PHOTO ID WITH THIS FORM