

VIP Connection Inc.

Address: 53-38 35th Street Long Island City, NY 11101 | **Email:** reservations@vipgts.com
Phone: 800-473-VIPS or 718-392-6100 | **Fax:** 718-392-3115

CREDIT CARD CUSTOMER AGREEMENT

In lieu of my credit card imprint, I _____, on behalf of
(PRINT CARDHOLDER'S NAME)

_____ authorize VIP Connection Inc. to charge all services and fees to the
(COMPANY, GROUP, OR PASSENGER NAME)

credit card listed below.

Card Number: _____ (ACCOUNT NUMBER)	Expiration Date: _____ (MM/YYYY)
Card Holder's Name: _____ (NAME ON CARD)	Security Code: _____ (3 OR 4 DIGIT CODE)
Billing Address: _____ (ADDRESS LINE 1)	Phone Number: (____) _____
_____ (ADDRESS LINE 2)	Fax Number: (____) _____
_____ (CITY, STATE, ZIP CODE)	Email: _____

PLACE YOUR
DRIVER'S
LICENSE HERE

PLACE YOUR
CREDIT CARD
HERE

By signing below I am providing VIP Connection Inc. my "Signature on File" for the specified credit card. I authorize VIP Connection to charge this card account for any said services including but not limited to all reservations, services, late fees, overtime fees, cleaning or damage fees, or any additions or modification initiated in person, via phone, fax, email, or website without signing a credit card voucher. I guarantee full payment for all said services.

I have read and agree to VIP Connection Inc.'s Terms & Conditions and cancellation guidelines as shown on my individual reservation confirmation form. I also have been notified that I am responsible to pay any and all taxes, assessments and/or surcharges imposed by any governmental or regulatory agency as well as a \$5.00 service charge. NY State Workers Compensation charge of 3% will apply (this is State Law) as well as fuel surcharges.

This authorization is valid until VIP Connection Inc. receives written notice from cardholder to discontinue authorization for any future transactions to above said credit card or until card expires. Cancellation of authorization does not waive any transaction posted prior to the date of cancellation for any fees pertaining to services rendered or services yet to be rendered. I authorize VIP Connection Inc. to verify the above mentioned information and agree to hold VIP Connection harmless of all disputes with the credit card company issuing the aforementioned card. I am aware that all sales are final.

(Cardholder's Signature)

(PRINT Cardholder's Name)

(Date - MM / DD / YY)

FOR OFFICE USE ONLY Person Authorizing: _____