



King Tours & Limousine Service Inc

176 Glenview Dr Mississauga, ON L5G 4N2

reservation@kinggroup.ca

bus@kinggroup.ca

accounting@kinggroup.ca

Credit Card Authorization Form

I, _____ hereby authorize the King Tours & Limousines Services to use my credit card as method of payment to cover the following charges:

_____ Private Transportation

_____ Private Bus Charters

_____ Niagara Falls Tour

_____ Shuttle Bus Service

_____ Others

Amount: \$ _____

Inv# _____

Credit Card Information:

Visa__ MasterCard__ American Express__

CREDIT CARD NUMBER: _____ Expiry date: _____

Card holder's Name: _____ CVV: _____

CARD HOLDER'S SIGNATURE: _____ TODAY'S DATE: _____

CONTACT INFORMATION:

Name: _____ Telephone: _____

Thank you for choosing the King Tours & Limousines Services Inc.