



Credit Card Authorization Form

Please submit a copy of your driver's license and the front and back of the credit card you will be using to book your rides to fax **(718)392-3989** or mail to:

Arrow Transportation
11-17 43rd Avenue Fl 2
Long Island City, NY 11101
(718) 392- 4060

Credit Card Holder's Information:

Name _____

Billing Address:

Street _____

City _____ State _____ Zip code _____

Telephone Number _____

Mobile/Alternate Number _____ Email address: _____

Credit Card Info:

Type (circle one): Visa MasterCard American Express

Name on Card: _____

Credit Card #: _____ Exp. Date _____

CVV#: _____ (located in front of the card for Amex and back for MC and Visa)

Please name authorized users who are able to make reservations under this credit card:

Signature _____

Date _____

I certify that I am the card holder and in submitting this agreement I acknowledge that perjury may result in my account closure and persecution to the full extent of the law.