

Airport Express Credit Card Authorization Form

Credit Card Number: _____

CVC number: _____ Exp.Date: ____/____/____
(3 digit code on back of Visa/MC/Disc – 4 digit code on front of Amex)

Name on Card: _____

Signature of Cardholder: _____

Card Billing Address: _____

City/State/Zip Code: _____

Cardholder Phone: _____ Fax: _____

Email Address: _____

Passenger Name: _____ Contact Phone: _____

Reservation Date: _____ Pickup Time: _____ AM or PM

Origination Address: _____

Destination Address: _____

Number of Passengers: _____ Number of Luggage Pieces: _____

Is this a round trip? YES NO If yes see below. Gratuity % _____ Fixed _____

RETURN RESERVATION INFORMATION

Date of Reservation: _____ Pickup Time: _____ AM PM

Origination Address: _____

Destination Address: _____

Number of Passengers: _____ Number of Luggage: _____
--

Please fill in and fax to Airport Express at 405-631-8267. Confirmation can be sent by fax, phone or email. If you have questions, please call 405-681-3311 or Toll Free 1-877-688-3311.