

GATEWAY SPECIAL SERVICES

Phone: (718) 937 – 3100 Fax: (718) 361 – 8874

E-mail: reservations@gatewaymeetandgreet.com

Card Number: _____ Exp. Date _____

Name on Card: _____ CIC Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Company Name: _____

Reservation to be booked to: Individual Account _____ or Company Account _____

~Please Open an Account~

- This Authorization is to be on file and used for all future orders until I notify you in writing to discontinue use of the above card.

~Please use this credit card as follows~

- Authorization is good for orders on the following dates: _____
- Authorization is good for the following orders: _____
- Authorization is good for the following dollar amount: \$ _____

*Should services provided go over the above Authorization, the additional time and charges will be applied to the customer's credit card.

Will the cardholder be the only person booking for the account? Yes _____ No _____

If NO, please complete:

Proxy: I authorize the person(s) named here the capability to order services or use the services and charge them to the credit card shown above:

Name of Proxy(s): _____

I authorize Gateway Special Services to charge the credit card listed above in accordance to my preferences checked above. I agree to perform the obligations set forth by the cardmember's agreement with the issuer. I also agree that Gateway Special Services may charge back to me any "Chargeback Fees" incurred due to the cardmember disputing or charging back a valid charge. Please contact our Accounting Office before disputing or charging back with the card issuer.

All services will be charged to the credit card assigned to this application within 48 hours of services rendered. Failure to make payment in full due to decline of credit card within 5 days of charge will subject applicant's account to a Finance Charge, which will be computed on the average daily balance at a monthly rate of 1.5%.

In the event that the account remains unpaid and legal fees and costs are incurred by Gateway Special Services relating to the collection thereof, the applicant agrees that it shall be liable for any and all such legal fees and costs, in addition to it's outstanding balance.

Cardholder's Signature: _____ Date: _____

Please include a copy of the front and back of your card and your driver's license. Thank you for your cooperation in helping us to prevent fraud.