



MANAGEMENT SYSTEMS, INC. PO Box 1259 ▪ Port Washington, NY 11050-0310 ▪ 516-883-1900

CREDIT CARD AUTHORIZATION

**We accept Visa, MasterCard, Amex and Discover*

The following must be completed by the cardholder and signed by the authorized user only.

Name as it appears on credit card: _____

Type of credit card: _____

Credit Card#: _____

Expiration date: _____

Verification Code: _____

(This is a 3-digit # on the back of VI, MC, DS and a 4-digit# on the front of AMX)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I, _____ authorize Willets Management Systems, Inc. to process the above credit card as "signature on file" for ground transportation services.

Signature: _____

Print Name: _____