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**Ship Or Shore Transportation, LLC.**

**12504 Vision Way**

**Riverview, Florida 33578-3315**

**(813)786-7878**

**CREDIT CARD AUTHORIZATION**

**BILLING ADDRESS FOR CREDIT CARD**

**FIRST NAME**

**LAST NAME**

**COMPANY NAME**

**ADDRESS**

**ZIP/POSTAL CODE**

**NAME ON CARD**

**EMAIL**

**PHONE NUMBER**

**CREDIT CARD INFORMATION**

**CARD NUMBER**

**CARD TYPE**

**EXPIRATION**

**CVV NUMBER**

**(AMERICAN EXPRESS 4 DIGIT ON FRONT)**

**INFORMATION**

**DATE/S OF SERVICE**

**TIME: PICKUP RETURN**

**# OF PASSENGERS @$ /PERSON EACH WAY (Gratuities not included in price)**

**FROM**

**TO**

**ONE WAY/ROUNDTRIP (CIRCLE ONE)**

**AGREED PRICE TOTAL $**

**ONE PASSENGERS NAME AND CELL PHONE NUMBER**

**EMAIL TO: SOSTAMPA@GMAIL.COM**

**ONCE BOOKED, FARES ARE NON-REFUNDABLE\***

**\*fares refundable if agreement is made in writing or if Ship Or Shore Transportation, LLC. is at fault**