

SIGNATURE ON FILE AUTHORIZATION

I hereby authorize my signature to be on file with MJM Travel Services LLC for the purpose of charging transportation services on my credit card. I authorize the respective credit card company designated below to accept this form in lieu of my signature appearing on the individual credit card receipt for transportation services rendered.

Credit Card Number: _____ Exp. Date: _____

Card Type: AMEX _____ VISA _____ MC _____ DISCOVER _____

Cardholder: _____

Billing Address: _____

City: _____ State: _____ ZipCode: _____

Phone Number: _____ Fax: _____

E-Mail Address: _____

Please supply us with names of those whom are authorized to use this credit card.

Cardholder Signature

Date

RATES, TERMS AND CONDITIONS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

**KINDLY RETURN COMPLETED FORM BY MAIL OR FAX ONLY TO 908-245-2989.
(For the security of your personal information, do not e-mail this form)**

For all your travel needs!

MJM Travel Services, LLC, 22 E. Westfield Ave., Suite C-5, Roselle Park, NJ 07204

Thank you for your business.