



Individual Account Application

Full Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Signature on File Authorization Form

A copy of both sides of the signed credit card number & Driver License must be submitted with this application

Name on the Credit Card: _____
Credit Card Number: _____ Exp: _____ Card Code: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____

The following must be completed by the cardholder for the credit card indicated above and signed by the authorize user only.

I _____ Authorize World Sedan to process the above credit card as
"signature on file" for the ground transportation services.

Please List all persons authorized to charge services to this card

Name and title:

Please indicate below whether Services are for single or multiple users:

Single use

multiple use

Signature of the card holder: _____ Date: _____

By signing above, you have authorized World sedan to bill your credit card for all of your service trips. (You agree on the term and policy listed online at www.worldsedan.com)