



PAYMENT INFORMATION (Please Print)

Charter/Contract/Invoice # _____ Amt to be charged: \$ _____

Name _____

Billing Address: _____

Billing ZIP CODE of Credit Card: _____

Work Phone: (____) _____ Home Phone: (____) _____ Fax: (____) _____

Credit Card Type: ___ VISA ___ Master Card

Card #: _____ - _____ - _____ - _____ Exp. Date ____ / ____

VIN # _____

Cardholder Name (Print) _____

Cardholder Signature: _____

PLEASE RETURN FORM TO:

Daisy Charters and Shuttles

1505 E. Houston St

San Antonio, TX 78202

Phone: 210-225-8600

Fax: 210-225-8617

E-mail: kbandy@daisycharters.com