



HAWA TRANSPORTATION LLC

1629 K St NW suite 300
Washington, DC 20006
Phone: 703-496-6461 / 202-683-4292

CREDIT CARD AUTHORIZATION RELEASE FORM TO BE COMPLETED BY AUTHORIZED CARDHOLDER

Card Holder Information

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

Billing Address: _____

Hereby authorize *Hawa Transportation LLC* to charge my credit card for the car service / Other
(specify) _____

Credit Card Number: _____

American Express

Mastercard

Visa

Other

Expiration Date (MM/YY): _____

Security Code (back card): _____

Total Amount: \$ _____

Please send eligible copy of the credit card, front and back, and driver's license or ID of the credit card holder

**I AGREE TO BE TOTALLY RESPONSIBLE FOR THE CHARGES MADE BY
HAWA TRANSPORTATION LLC ON MY CREDIT CARD.**

Cardholder Signature: _____ Date (mm/dd/yyyy): _____