

CREDIT CARD AUTHORIZATION FORM

Please fill, sign, scan (or take a photo) of this completed form and e-mail it to: contact@italychauffeurservice.com

Name:

Company:

Credit Card Billing Address:

City / State / Zip / Country:

Contact Phone Number:

Contact Email Address:

Lead Passenger Name:

Lead Passenger Mobile phone:

I hereby authorize the following amount be applied to the credit card:

Euro:

The credit card listed below may be billed 30 days prior to service date.

Credit card type: VISA Mastercard AMEX

Credit Card Number:

Expiration Date:

CVV Number (Card Security Code):

Name on card:

Signature by hand of Card Holder: _____

Comments:

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Terms of Service, which is available at www.italychauffeurservice.com/terms-of-service.html

After submitting this form you'll receive an e-mail with our confirmation of the purchased service in the same business day or maximum the following day since we process and review each reservation manually.

>>> This credit card payment will be listed on your credit card statement with our business name AUTOELITE SAS <<<
