

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:

Credit card type: **VISA** **Mastercard** **AMEX (*)**

(*) Please inform AMEX first of the charge as prior authorization for the anti fraud block.

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 we will process and review each reservation manually and you will receive:

- 1) an e-mail payment receipt for the above credit card transaction with our business name AUTOELITE SAS through [Stripe.com](https://stripe.com)
 - 2) our email confirmation of the purchased service/s will be sent to you in the same business day or maximum the following day
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