



AUTO ELITE  
WORLDWIDE PREMIER CHAUFFEUR SERVICES

## CREDIT CARD AUTHORIZATION FORM

Please fill, sign, scan (or take a photo) of this completed form and e-mail it to: [info@autoelitelimo.it](mailto:info@autoelitelimo.it)

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**Name:**

**Company:**

**Credit Card Billing Address:**

**Vat number:**

**City / State / Zip / Country:**

**Contact Phone Number:**

**Contact Email Address:**

**Lead Passenger Name:**

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**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:**

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By submitting this form and any documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with our Terms of Service, which is available at <http://www.autoelitelimo.it/terms-and-conditions/>

After submitting this form you'll receive an e-mail with our confirmation of the purchased service in the same business day or 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 AUTO ELITE SRL

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