



CREDIT CARD AUTHORIZATION FORM

Contact name:

Date & Service details:

Arrival / Departure date:

Contact Phone Number:

Contact Email Address:

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

Comments:

The credit card listed below will be pre-authorized or charged 4 days prior to the date as a guarantee of the service

Credit Card Number:

Name on Card:

Expiration Date:

Type:

I will pay the service by:

CASH

THIS CREDIT CARD

ANOTHER CREDIT CARD

Cancellation Policy:

- at least 96 hours before departure, no cancellation penalty applied;
- between 96 and 24 hours before departure, 50% of the total amount will be charged;
- less than 24 hours before departure, 100% of the total amount will be charged;
- no show, 100% of the total amount will be charged.

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 the Italian national law n. 675 of 31/12/1996

Signature of Card Holder: _____

Current Date

Please send this completed form, a Front / Back copy of document of the credit card owner and a Front / Back copy of the credit card to:

HIRE IN ITALY – Email info@hireinitaly.com – Fax 0039 (0) 55 46 41 451

Please transmit this form in order to ensure your request is processed.
All information is kept confidential and used only for the purposes as noted above.