

3RD PARTY CREDIT CARD AUTHORISATION FORM

Completion of this form authorizes the Doc's & Parcels - DEP di Luca Aveani to charge the card details below for goods and services supplied by the company, provided that the following information is also supplied:

1. A clear and legible photocopy of each side of the card
2. Proof of the cardholder's identity i.e. a copy of the passport, driving license or ID card
3. In case of company use: e-mail or letter from the company instructing the company to charge the card

PLEASE BE AWARE THAT THIS TRANSACTION IS SUBJECT TO THE COMPANY MANAGER APPROVAL.
THE CARD HOLDERS MAY BE CONTACTED TO CONFIRM THEIR ACCEPTANCE OF THE CHARGES.

Please debit my Credit Card N _____

Type of Card (Not American Express): _____ Exp date: ____/____ Security n° _____

Name of the guest: _____

Company name: _____

Cardholder's name: _____

Telephone number: _____

e.mail: _____

Billing address of the card: _____

Amount to be charged € _____, _____

Cardholder's signature _____

Date _____

DOC'S & PARCELS