



DAVINCI LIMO & TOURS.

83-03 24TH Ave, Elmhurst, NY, 11370
Tel (718) 517-8707 Fax (718) 517-8708
TOLL FREE (866) 515-0090
www.davincilimotours.com
E-MAIL: res@davincilimotours.com

Credit card charge authorization form.

I (cardholder name)



Authorize **DAVINCI LIMO & TOURS** to charge all expenses to credit card

MC/ VS/ AMEX/ DISCOVER/ (circle one)

_____-_____-_____-_____- Exp. Date: ____/____ CVC _____ HH

Billing address:



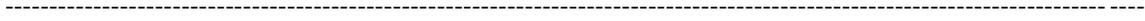
City State Zip Code



Office Phone - () Home phone - () Cell - ()



Fax #: E-Mail:



I understand that these charges may include but are not limited to all tolls, parking, waiting time, stops, **NO SHOWS. LATE CANCELATIONS**, Etc.

If I can't find my driver, I understand that it's my responsibility to call **DAVINCI LIMO & TOURS** dispatcher and get assistance.

Failure on my part to call **DAVINCI LIMO & TOURS** office and leaving pickup-location will result in **FULL NO-SHOW** charge to my credit card.

I agree that if I wish to cancel my reservation it is my responsibility to notify **DAVINCI LIMO & TOURS** at least 2 hours before the pick up time for a sedan and 12 hours for a Limo, SUV and Van. Failure to do so will result in **LATE CANCELLATION** charge, which is the **FULL** price of the impending, trip to my credit card.

I the undersigned authorize **DAVINCI LIMO & TOURS** to charge my credit card for the full amount of my trip charges.

Cardholder Signature: _____ Date: ____-____-____

Please attach to this form a clear and readable photocopy of your credit card (both sides).
Please provide a list of authorized users. (people who can make reservations and people who will be using our service.) Please note that the customer is responsible for anybody who will be contacting us in order to use our service on behalf of the customer.

Thank you, for choosing DAVINCI LIMO & TOURS

..... ” IT'S ALL IN THE RIDE”
..