



CREDIT CARD AUTHORIZATION FORM

Please scan and e-mail this completed form to colomboncc@gmail.com

Name:

Company:

Credit Card Billing Address:

City / State / Zip / Country:

Contact Phone Number:

Contact Email Address:

Passenger Name:

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** (For AMEX, please use [PayPal](#))

Credit Card Number:

Expiration Date:

Name on card:

Signature of Card Holder: _____

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.colomboncc.com

After submitting this form you'll receive an e-mail with our confirmation of the purchased service in the same business day or maximum the following day since we process and review each reservation manually.