



# ONE-TIME CREDIT CARD AUTHORIZATION SPECIAL MEETING/EVENTS

PLEASE TYPE OR PRINT CLEARLY

Company Name: \_\_\_\_\_

PLEASE CHARGE OUR TRANSPORTATION SERVICES TO THE CREDIT CARD LISTED BELOW:

American Express     Visa     MasterCard     Discover     Diners Club

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (Month)    \_\_\_\_\_ (Year)    \*CID Number: \_\_\_\_\_

*\*(The CID # is either the 4 digit number on the right above the embossed number on the front of American Express Cards or the 3 digit number on the back of VISA/MC or Discover cards on the far right hand side of the signature panel on the back of the card.)*

Name as Appears on Credit Card: \_\_\_\_\_

Billing Statement Address: \_\_\_\_\_

In Lieu of my credit card imprint, I hereby authorize VIATAS Chauffeured Transportation to charge my credit card account indicated above for the deposit or balance due for transportation services reserved with, or rendered by VIATAS Chauffeured Transportation in accordance with the VIATAS Chauffeured Transportation charges for the following Meeting and Event:

1. Name of Meeting or Special Event: \_\_\_\_\_

2. Meeting/Event Coordinator: \_\_\_\_\_

3. Event Coordinator: Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

4. Event Coordinator: Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

5. Authorized to request VIATAS Reservations: \_\_\_\_\_  
*(Provide name, phone number, and email address of any individuals approved to request VIATAS Services for the corporate meeting or event)*  
\_\_\_\_\_  
\_\_\_\_\_

6. Service Start Date: \_\_\_\_\_ Service End Date: \_\_\_\_\_

By signing below, I acknowledge the charges for the service listed herein. In the event of a Late Cancellation or No Show, I authorize VIATAS Chauffeured Transportation to charge the minimum Late Cancellation or No Show fee. I understand the cancellation policy, which apply to my reservation(s). Payment in the above amount, as well as other authorized charges, is to be made in accordance with the issuing card's policies. I affirm my obligations under the Card-member Agreement.

\_\_\_\_\_  
Authorized Credit Card Signature

\_\_\_\_\_  
Date

Please Fax or Email completed forms to VIATAS / Fax: 1-630-627-7901 / Email: [apontarelli@viatastrans.com](mailto:apontarelli@viatastrans.com)