



CREDIT CARD AUTHORIZATION FORM

I authorize :

Nova Vpm Travel & Logistic services Srl
Viale del Policlinico 129/a
00161 Roma

Partita Iva 10727671009

to charge my credit card the Amount of : _____ - in Letters _____.

This Authorization is for the payment of the following Transefer reservation:

Date : _____ Time : _____ Mobile Number : _____

Pick up point: _____ Dropp off: _____

Retourn (if needed) Date : _____ Time : _____

Pick up point: _____ Dropp off: _____

VISA

MASTERCARD

Credit card number:

Expiration date:/..... CVV:

Name of the card's holder :

Signature :

Notes: