

Telephone: (800) 218-1681

• Fax: (888) 573-4132

CREDIT CARD AUTHORIZATION FORM

I authorize Charter Empire to charge the services on, 20	_	•
I understand the amount of the confirmal charged and I also understand the amount of the charges shown on the Trip Confirmation (is not received prior to date of service, amount of the Trip Confirmation. I understand that reservation(s) listed be charter Empire reserves the right to weather, or other conditions require a substitute vehicles, subject to availability those they are replacing. Credit Card Fee 3.5%. Credit Card Fees as	ount charged will (s). It is also under my card will auto elow is (are) not can substitute vehicle ubstitution. It is ago, will be same or s	be the amount of actual erstood that if prepayment omatically be charged the ancellable / not refundable s should mechanical, greed and understood that imilar size/make/model as
Customer Name:		
Company Name:		
Phone #:	Fax #:	
Card Holder:		
Statement Address:		
Credit Card #:	Exp: _	V Code:
Billing Zip Code:	-	
E-mail address		
I understand that reservation(s) listed is Card Holder Signature:		ble. ōday's Date: