NYCVan.com

Credit Card Authorization

17 Cumberland Street, Brooklyn, NY 11205 - Tel: (516) 629-5566 - nyc@nycvan.com - nycvan.com

Today's Date M ____ D ____ Y ____

In Lieu on my credit card imprint, I _____
On behalf of _____ *authorize NYCVan.com to charge the credit card listed below for services provided.*

Name of Card Holder						
Credit Card Billing Address	Street					
	City		State		Zip Code	
Card Type	☐ Visa	☐ Master Card	☐ Discover	☐ American Express		
Card Number						
Card Expiration Date	M	Y	Security Code		(The last 3 digits On the back of your card)	
Home / Office Phone Number						
Authorized Passenger						

By signing below, I acknowledge the charges. In the event of passed cancellation deadline. I authorize NYCVan.com to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation.
I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge.
Payment based on quote provided as well as other authorized charges is made to be in accordance with the issuing card policies.
I affirm my obligations under the card member's agreement.

All Reservations Are Final, No Refunds Upon Cancellation

Client's Signature	**Print Name**	
	_____	
	Date M ____ D ____ Y ____	