

# Central Auto Rentals

## Credit Card Authorization

DATE: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & COUNTRY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CREDIT CARD TYPE:  VISA  MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVC CODE: \_\_\_\_\_

AUTHORIZED CHARGE AMOUNT (B \$): \_\_\_\_\_

PURPOSE OF CHARGE: This is an authorized charge for Auto Rental Services, to be provided by Central Auto Rentals in Eleuthera, The Bahamas.

REQUESTED DATES OF AUTO RENTAL: \_\_\_\_\_

I hereby authorize the above credit card to be charged for the Authorized Charge amount.

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*Signature of Card Holder*