



WEDDING CONTRACT AND ONE-TIME CREDIT CARD AUTHORIZATION

Wedding reservations require 3 hour minimum charter, credit card or check deposit, and at least 7 days notice for cancellations.

PLEASE TYPE OR PRINT CLEARLY

1. Contacts:

a. Bride: _____

• Phone: _____ Email: _____ Fax: _____

b. Groom: _____

• Phone: _____ Email: _____ Fax: _____

c. Coordinator: _____

• Phone: _____ Email: _____ Fax: _____

2. Wedding Date: _____ Service Start Time: _____ Service End Time: _____ Number of Hours: _____

3. Cars Requested: _____

4. Pick-Up Address: _____

5. Church Name and Address: _____

6. Reception Hall Name and Address: _____

7. Other Details and Information: _____

Deposit Options
___ FOR CHECKS - Mail form and check deposit to VIATAS Chauffeured Transportation, 21W 319 Lake St., Addison, IL 60101
___ FOR CREDIT CARD - Please fill out the credit card information 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 Event:

Name: _____

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