Via Garibaldi, snc (Chiosco area Portuale) ALGHERO 07041 Tel - Fax. +39 079.986950
Website- www.cicloexpress.com / www.velsar.it e-mail: info@cicloexpress.com / info@velsar.it

RENTAL BOOKING FORM

WE KINDLY ASK YOU TO FILL OUT CLEARLY ONE COPY OF THIS FORM FOR EACH RIDER / BIKE, CAR, SCOOTER OR MOTORBIKE.
PLEASE TO SEND IT BAY E-MAIL OR FAX ATTHACHING COPY OF RYDER'S, **I.D. AND DRIVING LICENCE**
e-mail: info@cicloexprress.com FAX +39 079 986950

LAST NAME -..... FIRST NAME -.....

PLACE OF BIRTH -.....DATE OF BIRTH -.....

ADDRESS -.....

CHOUNTRY -.....TOWN and ZIPE CODE -.....

PHONE -.....MOBIL. -.....

MAIL -.....

DRIVING LICENCE N°..... CLASS.....

ISSUED BY ..... DATE ..... EXPIRY .....

X	**I AUTHORIZE THE COMPANY CICLOEXPRESS AND VELSAR TO CHARGE ON MY CREDIT CARD**

	VISA		MASTER CARD		AMEX		OTI ICR	

CARDHOLDER (AS RITTEN ON THE CARD) .....

CARD NUMBERS **EXPIRY (MM -YY)**

																				/		

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50 % OF THE TOTAL ON EURO ..... THE DEPOSIT IS NOT 'REFUNDABLE IF CANCELLED WITHIN 15 DAYS FROM THE DATE LOCATION.

BIKE, MOTORBIKE – CARS – OTHER: MAKE AND MODEL.....

FROM _____/_____/ 2017 h_____:_____ TO_____/_____/ 2017 h_____:_____

AUTHORIZE THE COMPANY AND CICLOEXPRESS VELSAR, ALL 'CHARGED MY CREDIT CARD FOR ALL AMOUNTS AND LOSSES FROM ME DUE ON LEASE OF VEHICLES REQUIRED.

DATE _____/_____/ 2017 CARDHOLDER.....

AUTHORIZE THE COMPANY AND CICLOEXPRESS VELSAR, TO BE USED IN THE EXTENT PERMITTED BY LAW (Legislative Decree no. 196/03), MY PERSONAL DATA FOR THE COMPLETION OF THESE OPERATIONS.

DATE _____/_____/ 2017 CARDHOLDER.....