



Credit Card Authorization Form – One Time

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Postal Code (from credit card billing address): _____

I, _____, authorize Tuber Towing & Recovery to charge my credit card above for Invoice# _____ in the amount of \$_____.

Customer Signature

Date

MUST ATTACH A COPY OF THE CARD ABOVE, FRONT AND BACK

FRONT OF CREDIT CARD

BACK OF CREDIT CARD