



350 PASCO ROAD
SPRINGFIELD, MA 01151

TEL: (413) 543-9100
FAX: (413) 543-9303

Authorization Form for a Single Credit Card Transaction

Invoice Number: _____

Payment Amount: _____

Credit Card Information

Card Type: (Amex, MasterCard, Visa, Discover): _____

Credit Card Number: _____

Expiration Date: _____

I _____, authorize this credit/debit transaction for the above purchase for services performed by CJ's Towing Unlimited, Inc. I agree to the above charges to my credit card and I am satisfied with the services rendered and agree not to dispute any of the charges with the financial institution that issued this card.

Name (Please Print) _____ Telephone Number _____

Billing Address: _____

Signature of Card Holder or Authorized Person: _____ Date: _____

Please fax or email this signed form, a copy of your photo ID, and a copy of the front and back of the credit card to be used for services by CJ's Towing Unlimited, Inc. Fax (413)543-9303 Email: Dispatch@CjsTowing.com