



CREDIT CARD AUTHORIZATION FORM

Order/Invoice Number _____

Items/Services Purchased _____

Amount to be Charged _____

Account Type: Visa MasterCard AMEX Discover Other

Cardholder Name _____

Account Number _____

Expiration Date _____ **Security Code** _____

Billing Address _____

City, State, ZIP _____

Phone Number _____

By signing this form, you authorize HBL Towing & Recovery to charge your card for the amount listed above.

Signature

Date