

Credit Card Authorization Form

This form must be accompanied with a front/back copy of the authorized credit card listed and a copy of the card holder's valid driver's license, for identification purposes only. Please make sure the transaction amount (listed below) includes the 3% surcharge. Fax to 770-935-9651.

CREDIT CARD INFORMATION

Name on Credit Card _____

Card Holder Telephone Number _____

Billing Address for Credit Card _____

Credit Card Type (Circle One) VISA MASTERCARD DISCOVER

Credit Card Number _____

Credit Card Expiration Date ____/____ CVC _____ Transaction Amount \$ _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____

Full Vehicle Identification Number (VIN) _____

I give Statewide Wrecker Service, Inc. permission to charge my credit card for the above listed transaction amount to be applied to the above listed vehicle.

Sincerely,

Signature