

Milne Towing Services

Credit Card Authorization Form

(All Fields Required)

1700 Marietta Way Sparks, NV 89431 Office: 775-359-0106 Fax: 775-359-0155

CPCN 8003

Card Type:			VIS	Α	asterca	ercard Discover				er	American Express						
Cardholder Name (As it appears on the Card)												Contact Phone Number					
Billing Address							Billing City					Billing State			Billing	g ZIP	
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Expiration Date																	
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Estimated Charges						es											
Please attached a clear picture of your Driver's License for identity verification.																	
Cardholders Driver's License Number												er's License State					
				UTHOR	RIZED TO	APPRO						ING SER	/ICE				
Full Name							Relationship to Card Holder						Contact Phone Number				
VEHICLE SERVICED DESCRIPTION TO BE PAID FOR BY CARDHOLDER																	
YEAR			MAKE			ESCRIP	MODEL					COLOR					
LICENSE PLATE			NUMBER				EXPIRATION					STATE					
					VEHICL	E IDEN	TIFICAT	ION N	IUMB	ER (VII	١)						
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I certify that the services perform																	
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cardholder or t	•											•		_		-	
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utilized. I auth																	
or incomplete	informatior	being p	rovided	to the	Company.	Hourly	charges	begir	n accru	ing whe	en opera	tor(s) dep	art base.	Cance	llation of	service	
later than 15 n	•	•				_			•			-		_			
back). In the e Nevada will be							_	-		-		tion or leg	al procee	edings, 1	ine State	ot	
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