



Milne Towing Services

Credit Card Authorization Form

(All Fields Required)

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

DATE: _____ INVOICE #: _____ AMOUNT: _____

Card Type: VISA Mastercard Discover American Express

Cardholder Name (As it appears on the Card)		Contact Phone Number	
Billing Address		Billing City	Billing State
			Billing ZIP

Cardholders Driver's License Number	Driver's License State

Please attach a clear picture of your Driver's License for identity verification.

CREDIT CARD NUMBER															
Expiration Date				CVC/Security Code											

VEHICLE SERVICED DESCRIPTION TO BE PAID FOR BY CARDHOLDER															
YEAR	MAKE	MODEL	COLOR												
LICENSE PLATE NUMBER		EXPIRATION	STATE												
VEHICLE IDENTIFICATION NUMBER (VIN)															

I hereby approve of all charges for the invoice # and dollar amount listed above for service performed on the above listed vehicle, and I authorize Milne Towing Services to charge my credit card. In the event of a default or dispute and referral to a collection agency or attorney for any collection or legal proceedings, the State of Nevada will be the State of jurisdiction and the customer will be responsible for all costs incurred.

 Cardholder Signature

 Date

**FAX OR EMAIL COMPLETED FORM TO 775-359-0155
 OR DISPATCH@MILNETOWING.COM**

Milne Towing Services Use Only	
Card Approval/Authorization Code	
Processing Employee Name	

CPCN: 8003
 Revision: 2019-7