

Patriot Towing & Recovery LLC

3629 Williams Dr.
Georgetown, TX 78626
(512) 948-3083

Credit Card Payment Authorization

Date: _____

Company Name: _____

Name on Card: _____

Billing Address for the Card:

_____ State: ____ Zip Code: _____

Phone No. (____) _____ Email: _____

Payment Type:	Visa	Mastercard	Discover	Amex
Credit Card #:	_____			
Expiration Date:	____/____/____	Three Digit Security Code:	_____	
I would like my card to be put on file to have all future invoices billed to: Yes No				
If no, Total amount to be charged to my card at this time: \$_____				
<i>I authorize Patriot Towing & Recovery LLC to make indicated charges to my credit card.</i>				
Signature:	_____			Date: _____
Printed Name:	_____			
	Same as Above			

