



## One Time Credit Card Authorization Form

Sign and complete this form to authorize Campbell's Wrecker Service to make a one-time charge to your credit card listed below.

I, \_\_\_\_\_, authorize Campbell's Wrecker Service to charge my  
(Cardholder's Full Name) (Merchant's Name)  
credit card account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_.  
(Amount \$) (Date)

This payment is for \_\_\_\_\_.  
(Description of Services)

### Billing Information

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Card Details

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

CVC Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Cardholder)