



CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return along with a copy of the cardholder's identification to our office fax (305) 261-9917

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CARD TYPE: ___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV NUMBER: _____

Visa, MasterCard, & Discover:



American Express:



AMOUNT CHARGED: \$ _____ (USD)

I, _____ hereby authorize Sunshine Towing, Inc. to charge my credit card for the amount specified above. I agree to hold Sunshine Towing, Inc. and its agents harmless from liability as a result of its activities in connection with such transaction. I further understand that should my payment authorization be denied, I will be held responsible for any late fees assessed. I also understand that G.O.A's (gone on arrival) or cancelations will be charged at \$60 for light duty services and \$150 for medium and heavy-duty services.

Authorized Signature

Date