



AUTHORIZATION FOR CREDIT CARD USE

I _____ authorize Cardinal Towing Inc. to charge my credit card for towing services to the vehicle identified below:

Year: _____ Make: _____ Model: _____

Date of Towing Service: _____ Invoice Number: _____

Amount of charge: _____

Credit Card Type: (circle one) VISA / MASTERCARD / AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____

AVV Code (3 numbers on back of card): _____

Billing Address of Cardholder: _____

City: _____ Province: _____ Postal Code: _____

Printed Name of Cardholder: _____

Signature of Cardholder: _____

Please fax this form and a copy of the driver's license of the cardholder to:

Cardinal Towing Inc.
180 Bullock Dr.
Markham, ON
L3P7N2
Phone: (905) 472-0426
Fax: (905) 294-9649
Toll Free: (877) 300-7958