

**VITO'S TOWING INC,  
65 CLIFTON BLVD  
CLIFTON, NJ 07011  
973.773.2929  
FAX 973.773.1950**

**CREDIT CARD AUTHORIZATION FORM**

Please include copy of driver's license and card front and back

I HEREBY AUTHORIZE **VITO'S TOWING INC.** TO DEBIT MY:

CIRCLE ONE:            VISA    MASTERCARD

ACCOUNT # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_

CVV2# \_\_\_\_\_ ( LAST 3 DIGITS OF # ON BACK OF CARD)

NAME AS IT APPEARS ON CARD \_\_\_\_\_

PLEASE CHARGE MY CARD IN THE AMOUNT OF \$\_\_\_\_\_.\_\_\_\_\_ FOR  
SERVICES RENDERED.

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SIGNATURE

DATE

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PRINT NAME

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

STREET

APT

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CITY

STATE

ZIP CODE