



**46 LIBERTY STREET
LITTLE FERRY, NJ 07643
201-641-6696**

I, _____, DO AUTHORIZE A&D TOWING AND RECOVERY, LLC. TO CHARGE MY CREDIT CARD FOR RECOVERY AND TOWING SERVICES RENDERED. SERVICES RENDERED TO A:

YEAR/MAKE/MODEL: _____

BEARING VIN#: _____

LICENSE PLATE#: _____

CHARGES ARE TO BE IN THE AMOUNT OF: \$ _____

UPON RECEIPT OF PAYMENT VEHICLE IS TO BE RELEASED TO:

***PLEASE SEND A COPY OF THE AUTHORIZED CREDIT CARD & DRIVER'S LICENSE ALONG WITH COMPLETED AUTHORIZATION FORM.**

CREDIT CARD#: _____

EXPIRATION DATE: _____

SECURITY/ CVC #: _____

BILLING ADDRESS: _____

ZIP CODE: _____

(PRINT NAME): X _____

(SIGNATURE) X _____

THANK YOU!