



T-904.356.3929
F-904.389.0300

100 JACKSON AVE S
JACKSONVILLE, FL 32220

CREDIT CARD AUTHORIZATION

DATE: _____

DRIVER NAME: _____

AMOUNT: _____

OMADI INVOICE # : _____

THIS AUTHORIZATION GIVES DEE-WAY TOWING THE AUTHORITY TO:

MAKE THIS ONE TIME CHARGE ONLY TO MY CARD LISTED BELOW.

COMPANY NAME: _____

CARDHOLDER NAME: _____

STATEMENT ADDRESS: _____

PHONE #: _____ EMAIL: _____

CARD # : _____

EXP.DATE: _____ 3 DIGIT CODE: _____ ZIP CODE: _____

CARDHOLDER ID/DL #: _____ STATE ISSUED: _____

CREDIT VISA MASTERCARD DISCOVER AMERICAN EXP.

I UNDERSTAND THIS TRANSACTION IS NON-REFUNDABLE AND THE CREDIT CARD COMPANY WILL CHARGE 3.5 % NON-CASH PRICE TO MY CARD. I AUTHORIZE AND ACKNOWLEDGE THAT ALL THE CHARGES DISCUSSED BETWEEN DEE-WAY TOWING AND MYSELF WILL BE PROCESSED TO MY CREDIT/DEBIT CARD.

CARDHOLDER SIGNATURE: _____

PLEASE PROVIDE A COPY OF THE CARD HOLDERS ID & ATTACH TO THIS AUTHORIZATION FORM.