

T & T Inc. of N.Y.

Towing & Recovery

76 Main St.

Cohoes, NY (518) 233-8185



Credit Card Authorization Form

This letter confirms that _____ (credit card holder name)

Is authorizing the use of credit card number _____

Issued to _____ by Mastercard Visa (check one)

(Bank name)

Credit card expiration date _____ security code _____ (CCV2 code on back)

This credit card is to be used for charges incurred at T & T Inc. of N.Y.

For services rendered on: _____ in the amount of \$ _____

_____ State _____

(signature of card holder)

(drivers license number)

(Credit card billing address)

(billing zip code)

Please fax this completed form along with:

1. The front and back copy of the credit card
2. A copy of drivers license

Fax (518) 935-4518

Thank You

Service Department