

DEPENDABLE TOWING & RECOVERY, INC.

2160 LAFAYETTE STREET, PO BOX 266

FALCONER, NEW YORK 14733-0266

PHONE (716) 665-3983 FAX (716) 665-3904

PAYMENT AUTHORIZATION

I, _____ of _____,
(Print -- Person's Name Authorized on Account) (Company Name)

give permission to Dependable Towing & Recovery, Inc. to charge my credit card in the amount of \$ _____ **Plus a twenty- five dollar processing fee =\$175** and I agree to pay total amount according to card issuer agreement.

Below I have attached a copy of my credit card or authorized corporate credit card and a signed driver's license (or some similar piece of personal identification.) In the event legal action becomes necessary for you to realize the collection of this debt, I agree that Dependable Towing & Recovery, Inc. shall be entitled to recover its attorney's fees, court costs and interest at the highest level limit on any unpaid balance. I further agree that the venue for legal action will be in Chautauqua County, New York.

Signature: _____ Date: _____

Credit Card V/MC/Disc./ONLY _____ Exp. Date: _____

Name as it appears on Card: _____

Billing Address: _____

City, State, Zip Code: _____

V Code (3 digit code on back of card): _____

Phone: _____ Fax: _____

THE FOLLOWING MUST BE COMPLETED IN ORDER TO PROCESS ANY CHARGE

Witness Printed Name: _____

Address: _____

Witness Signature: _____ Date: _____

Attach copy of credit card here

Attach copy of signed identification here

Vehicle Year: _____ Make: _____ Model: _____ VIN: _____

City and State of pick up: _____

City and State of delivery: _____