



JOHNSON'S TOWING, INC.

4058 BAKERVIEW VALLEY ROAD BELLINGHAM, WA 98226
PH. (360) 733-4232 FAX (360) 671-7464

CREDIT CARD AUTHORIZATION FORM

SUMMARY OF CHARGES

Impound Fee..... \$ _____
Storage Fee..... \$ _____ (\$ _____ /day)
Tow Fee..... \$ _____
Dollies..... \$ _____
Mileage..... \$ _____
Misc. Charges..... \$ _____ (Desc. of misc. charges: _____)
Sales Tax..... \$ _____
Total Due..... \$ _____

CREDIT CARD INFORMATION – VISA/MASTERCARD ONLY

Credit Card: VISA _____ MASTERCARD _____

Credit Card Number: _____

Expiration Date: _____

Name on Credit Card: _____

Billing zip code: _____

By checking this box I certify that I am the authorized signer on the above credit card.

The undersigned hereby authorizes Johnson's Towing Inc. to charge the above amount to the credit card listed above.

Cardholder Signature: _____ Date: _____

PLEASE FAX COMPLETED FORM TO: 360-671-7464