



CREDIT CARD AUTHORIZATION FORM

Mailing Address: 1809 Augusta Road West Columbia, SC 29169		Dispatch Phone: 803-796-1467 Office Fax: 803-791-5464 Email: wingardtowing@gmail.com
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Name (as it appears on the card): _____

Credit Card Type (circle): VISA MASTERCARD DISCOVER AM-EX

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder billing zip code: _____

Email for credit card receipt: _____

Total amount authorized to be charged to my credit card: \$_____

*I, _____ (print name), authorize
 WINGARD TOWING SERVICE to charge my card (information above),
 in order to cover the charges incurred for the services rendered.*

Signature: _____

Date: _____

West Columbia
 1809 Augusta Road
 West Columbia, SC 29169

Lexington
 5009-A Sunset Boulevard
 Lexington, SC 29072

Columbia
 3750 Gibson Street
 Columbia, SC 29203