  
  
  
  
  
  
**Credit Card Authorization**

ATTN: Click here to enter text. FROM: Click here to enter text.

FAX #: Click here to enter text. FAX: Click here to enter text.

I hereby authorize charges to be applied to my credit card for expenses incurred to Hampshire Towing and/or Pleasant Street Auto Body & Repair, Inc.

**Please provide the following credit card information:**

Type of credit card (please circle one): Choose an item.  
  
Credit Card Account Number: Click here to enter text.   
  
Expiration Date: Month = Click here to enter text. Year = Click here to enter text.   
Verification Code (back of card): Click here to enter text.  
  
Cardholder Name (as it appears on card): Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

**By way of my signature, I hereby authorize Pleasant Street Auto Body & Repair, Inc. dba Hampshire Towing to collect payment from the aforementioned credit card service on all existing bills incurred to this date.**

Signature: Click here to enter text. Date: Click here to enter a date.

Please note: A copy of the cardholders’ photo ID as well as the front and back of the aforementioned credit card must accompany this form. This form must be returned to fax number **(413)536-6003**.

Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total of Sale: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
PSA/HT Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_