



Phone: (732) 928-0003 Fax: (732) 928-4755  
License# ABR01437A/ ABE00037

459 Wright Debow Rd

456 West Commodore Blvd

Jackson, NJ 08527

Sign and complete this form to authorize *Jerry's Auto Body, LLC* to make a one-time debit to your credit/debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ (Full Name) authorize *Jerry's Towing & Recovery Service* to charge my credit card account indicated below for \_\_\_\_\_ (Amount) on or after \_\_\_\_\_ (date of service). This payment is for \_\_\_\_\_ (description of goods/services)

Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

Account Type:  Visa  MasterCard  Discover  Debit

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC) \_\_\_\_\_

\*We no longer accept American Express. We apologize for any inconvenience.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Driver's License # (required): \_\_\_\_\_ Issuing State: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this account and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. There is a 3% administration fee for transactions over \$3,000.