



CREDIT CARD AUTHORIZATION FORM

Date _____

This letter confirms that _____ (credit card holder name)

From _____ (company name)

Is authorizing the use of credit card number _____

Credit Card expiration date _____ Security Code _____ (CCV2)

Mastercard Visa AMEX Discover

Issued from: _____

(Bank Name or Credit Card Company)

Address of Bank or Credit Card Company _____

(Credit Card Billing Address)

This credit card is to be used for charges incurred at T & T Inc. of NY

For services rendered on: _____ In the amount of: \$ _____

Signature of card holder: _____

Driver License Number: _____ State: _____

By filling out and signing this form, you have authorized us to charge this card for services rendered for the amount entered above.

Please fax this completed form along with:

- 1) A copy of the front and back of the credit card
- 2) A copy of driver's license

Fax (518) 268-1689

*****If you return this form without the copy of the credit card front and back and a copy of the driver's license, we will not accept credit card for payment and will require a T-Check, Fleet Check, EFS Check or Comcheck. NO EXCEPTIONS.**

Thank you.

Service Department