

# Bill & Wags Inc.

Towing, Transport  
& Recovery Specialists

MAIN OFFICE  
1516 S. BON VIEW AVE.  
ONTARIO, CA 91761  
DISPATCH 909 923-6100  
FAX 909 923-6108

945 W. BROCKTON AVE.  
REDLANDS, CA 92374  
DISPATCH 909 798-4863  
FAX 909 798-2853

[www.billandwags.com](http://www.billandwags.com)

## CREDIT CARD AUTHORIZATION

*Thank you for requesting our service. Please fax the completed form back to us.  
This fax will act as an original signature.*

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

*If paying by American Express please include the 4 digit access code located above the imprinted card number*

Circle one: VISA      MASTERCARD      AMERICAN EXPRESS      DISCOVER

Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name as it Appears on the Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Service Requested \_\_\_\_\_

Deposit \_\_\_\_\_ Total \_\_\_\_\_

*I agree to pay the above deposit or total amount according to card issuer agreement.  
There is a NO REFUND POLICY*

**\*\*\*PLEASE MAKE SURE ALL COPIES ARE CLEAR & LEGIBLE\*\*\***

WE NEED:

- THIS FORM FILLED OUT COMPLETELY
- A COPY OF DRIVER'S LICENSE OR STATE IDENTIFICATION