

I _____ Authorize _____ to charge my credit card
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$ _____ USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Michael's Service Station LLC.
190A Brookfield Road
Charlton, Mass. 01507-1703
(508) 248-5276
(508) 248-5110 fax
info@michaelservicestation.com

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

