

**IF YOU ARE INTERESTED IN AUTO-PAYMENT, OR A ONE-TIME PAYMENT, PLEASE FILL OUT ON OF THE FOLLOWING SECTIONS. PLEASE MAIL THIS BACK TO US OR FAX US AT (610) 346-9400. ONCE WE RECEIVE THIS INFORMATION, WE WILL CHARGE YOUR CARD, AND IF DESIRED, WE WILL SET YOUR ACCOUNT UP FOR AUTO-PAYMENT. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE AT (610) 346-9500.**

**THANK YOU,**

**ACCOUNTS RECEIVABLES**

**CUSTOMER INFORMATION**

CUSTOMER NAME:

CUSTOMER ACCOUNT NUMBER:

**CREDIT CARD INFORMATION**

- AMERICAN EXPRESS
- DISCOVER
- MASTERCARD
- VISA

NAME ON CARD:

BILLING ADDRESS:

CITY, STATE, ZIP

CREDIT CARD #:

3-DIGIT CODE ON BACK OF CARD (CVA#):

EXPIRATION DATE:

**I AUTHORIZE DELGUERICO'S WRECKING & SALVAGE TO CHARGE MY CREDIT CARD PER INSTRUCTIONS BELOW. PLEASE CHECK ONE:**

**AUTHORIZATION FOR AUTO-PAYMENT**

I HEREBY AUTHORIZE DELGUERICO'S WRECKING & SALVAGE, INC. TO AUTOMATICALLY CHARGE MY CREDIT CARD ACCOUNT FOR ALL PAYMENTS RELATING TO THE ABOVE REFERENCED CONTRACT OR AGREEMENT. I MAY CANCEL THIS AUTOMATIC BILLING AUTHORIZATION ANY TIME BY WRITING TO DELGUERICO'S WRECKING & SALVAGE, INC.

**AUTHORIZATION FOR ONE-TIME PAYMENT**

I HEREBY AUTHORIZE DELGUERICO'S WRECKING & SALVAGE, INC. TO MAKE A ONE-TIME CHARGE TO MY CREDIT CARD ACCOUNT FOR THE AMOUNT SPECIFIED.

**BILL MY CREDIT CARD ONE-TIME FOR \$:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

