

# NORTHWEST TOWING & RECOVERY, INC.

24 hour Towing & Roadside Assistance Service

COMPANY NAME: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Type of Business: Proprietorship ( ) Corporation ( )

## NAME OF OWNERS, PARTNERS OR OFFICERS

Name	Title	SS #	Residence
_____	_____	xxx-xx-_____	_____
_____	_____	xxx-xx-_____	_____

## CARD ON FILE

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

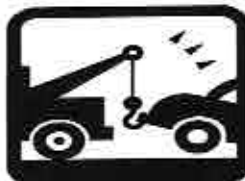
Address for Billing: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## Terms and Conditions:

It is agreed that the buyer will authorize Northwest Towing & Recovery, Inc. to use my credit card for any/all invoicing for my company.

Buyer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_



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