



400 INDUSTRY DRIVE  
HENDERSON NC 27537  
(252) 430-0082 OFFICE  
[www.fredstowing.com](http://www.fredstowing.com)

### ONE TIME CREDIT CARD PAYMENT XPRESS PAY AUTHORIZATION FORM

Sign and complete this form to acknowledge a one time debt to your credit card listed below via  
\*Pay online invoice on line payment portal.

By signing this form you understand your account has been debited the amount of the services  
and the 40 cent plus 3% user fee. This a single transaction only, and does not provide  
authorization for any additional unrelated debits or credits to your account,

**Please complete the following information below:**

I \_\_\_\_\_ authorized the charge to my credit card as described  
above. Date \_\_\_\_\_ amount prior to the site fee \$ \_\_\_\_\_. This is  
payment for \_\_\_\_\_ Invoice # \_\_\_\_\_  
Billing address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Cardholder Name _____
Last four of account number _____
Expiration Date _____
CVV (3 digit number on back of Visa/MC/Discover) _____

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

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.