



Fax to: 817-535-7450 – Accounts Receivable

From:

Date:

**This is an authorization to apply the charges below to my credit card.  
This authorization must be FAXED to keep your credit card information secure!**

Vendor: Yellow Cab  
Address: PO Box 1510, Fort Worth Texas 76101-1510  
Phone: (817) 534-7777  
Fax: (817) 535-7450

Bill To:

Customer Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Zip Code of the Billing Address of the Credit Card: \_\_\_\_\_

Payment for Invoice Number(s): \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

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

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