



Bryteck Towing & Recovery

Car information:

Make

Model

Color

License Plate Number

Last 4 Digits of the VIN (required only if a license plate does not exist)

Flat Bed Requested: Yes / No

Name and address of property vehicle is to be towed from

Vehicle location on property

Signature and Title of Person Authorizing Towing

____/____/____
Date Time

Service Requested / Additional Instructions:

Service Type (_____)
_____:

** If you are not with vehicle please sign document and fax back with 2 forms of ID

(All information and payment must be completed before services are rendered)

Please print & complete this form and fax to: 1-866-691-9410