



Residential & Commercial Moving

1-888-983-MOVE

At a Price You Can Afford!



CREDIT CARD DEPOSIT AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FORM
ALONG WITH A COPY OF THE CARDHOLDER'S DRIVER'S LICENSE
AND THE FRONT AND BACK OF THE CREDIT CARD

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Cardholder Name: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

(Last 3 digits on the back of the card, 4 digits on the front of AMEX cards)

Amount to be charged: \$ _____

I authorize ABC Quality Moving to charge the agreed amount listed above to my credit card provided herein. I understand that the deposit collected is **NONREFUNDABLE** after _____ date, and this term is not negotiable. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature of Cardholder: _____

Printed Name of Cardholder: _____

Date Signed: _____

Please email or fax completed form with copies of driver's license and credit card to info@abcqualitymovers.com or 636.467.7553