



**MAP Moving and Storage
Credit Card Authorization Form**

Job Number: _____ Date: _____

I, _____ authorize MAP Moving and Storage to charge my credit card.

Card Account Number: _____ - _____ - _____ - _____.

3 numbers on back of the card _____

Card Type: [] Visa [] MasterCard Exp. Date: ____/____.

\$ _____ (US Dollars) _____ (amount in words)

Cardholder Signature

Print Name

(Billing address for credit card)

Fill only if Applicable

In case you are paying for someone else's move (Company Move, Family member, Friend, Charity etc.)

Please complete with Customers Name _____
and relationship to you _____

* By paying for this move you agree to the Terms & Conditions as they appear on the Contract for the Move signed by the person you are paying on behalf.

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