



CREDIT CARD AUTHORIZATION FORM

RECURRING MONTHLY LOCAL STORAGE CHARGES

Customer's Name: _____

Home Phone Number: _____

Address: _____

Business Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Select One:

Mastercard

Visa

American Express

Personal Credit Card

Cardholder Name: _____

OR

Company Name: (if Corporate Card) _____

Corporate Credit Card

Card Billing Address: _____

Card Billing City, State & Zip code: _____

Notice to cardholder: (Please read before signing)

Cardholder agrees that his/her signature on this form constitutes his/her signature on file and becomes his/her agreement to pay all charges as signed by the cardholder and that A.C. White Relocations is authorized to charge the identified account of Cardholder.

Credit Card Number: _____

Expiration Date: _____

Current Storage Charge: \$ _____

Current Valuation Charge: \$ _____

Current Total Charge: \$ _____

Effective "Bill From" Date: _____

I authorize, as signature below represents, the above credit card to be charged each and every month – on or about the _____ of the month until such time as my goods are removed from storage.

(ACW to fill in)

Notice to cardholder: (Please read before signing)

I understand that in the event 1.) my credit card expires when my goods are in storage or 2) the charges for my monthly storage changes, and I desire to continue charging my monthly storage charges to a credit card, I will be required to fill out another credit card authorization form.

Cardholder Signature: _____

Date: _____

Authorization Number: _____ (Office Use Only)