



CREDIT CARD AUTHORIZATION FORM

Select One: [ ] Mastercard [ ] Visa [ ] American Express

Today's Date: Order/Invoice#: Service Date:
Customer's Name: Customer's E-mail Address:

[ ] Personal Credit Card OR [ ] Corporate Credit Card
Cardholder Name:
Company Name: (if Corporate 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 checked and signed by the cardholder and that A.C. White Relocations is authorized to charge all such items to the identified account of Cardholder.

Credit Card Number: Business Phone #:
Expiration Date: Home Phone #:
Cell Phone #:
[ ] Non-Binding Estimates / Estimate + 10% of Total: \$
[ ] Binding Estimates / Total Binding Estimated Charges: \$
[ ] Other (description): \$

Cardholder Signature: Date:

Authorization Number: (Office Use Only)

Note: Please obtain a separate authorization for additional moving/supplemental expenses.

[ ] Additional Moving / Supplemental Expenses

The cardholder hereby authorizes the following estimated, additional moving/supplemental expenses. The actual moving expenses are the final audited costs of all services performed, including the original services requested and additional moving/supplemental services approved or requested by cardholder or otherwise required out of necessity. In the event that the final audited costs are in excess of the estimates, the cardholder shall be responsible for payment of the excess. In the event that the final audited costs are less than the estimates, which are charged to the cardholder's account, the cardholder shall be entitled to a refund.

Description of Additional Services:

Additional Moving Expenses: \$ [Estimated additional moving expenses (total costs subject to final audit)]

Cardholder Signature: Date:

Authorization Number: (Office Use Only)