



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Deposit Amount to Charge: \$ _____ (USD)

I authorize **Washington Express Movers** to charge the amount listed above to the credit card provided herein as a deposit. I authorize **Washington Express Movers** to use this same card to pay the remaining balance upon completion of the work. This authorization is in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____