

US DOT #: 2553264
ICC/MC #: 889843
Van #:
Order #:

# LIFETIME MOVING & STORAGE

*Your Moving Company for Life*

2440 W. Lincoln Street, Unit # 145 Phoenix, AZ 85009  
Phone: 800-219-1760 Fax: 602-344-9985

## CONFIDENTIAL CREDIT CARD AUTHORIZATION

Payment Date:
Agreed Pick Up Date:
Additional Service Date:
1 <sup>st</sup> Available Delivery Date:

### Customer's Information

Customer Name		Cell #:
Address		Phone #:
		Fax #:
City	State	Zip Code

### Card Holder's Information

Card Holder's Name (if different)	Driver License #	Relation to customer
Billing Address	Phone #	
	Phone #	
City	State	Zip Code

### Payment Information

Credit Card Type <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Card Number	Expiration Date /
CVV Code (Security Code)	Amount to charge in words	Payment Amount \$
<b>***NOTE:</b> All Credit Card payments must be accompanied by a copy of the front and back of the Credit Card listed above along with a valid copy of the Driver's License of the Credit Card Holder's and are subject to a 3% processing fee.		[PrcFee%] % Processing Fee \$
		Total Amount Due \$
		\$

"I, \_\_\_\_\_ (Cardholder) hereby authorize my credit card to be charged the payment amount as indicated herein for the relocation of my household goods under the order number listed above. I fully understand that my payment is non refundable. If payment is for the deposit required at time of reservation, a cancellation notice must be provided in writing a minimum of 72 hours (excludes weekends and holidays) prior to my scheduled move; If payment was made for the pick up or delivery portions of my relocation service, I understand that for any and all disputes between me and the carrier a claim must be filed in writing within nine (9) months of the date of the delivery as indicated in section eight (8)- Filing of Claims of the Terms & Conditions on the back of the Bill of Lading governing my move."

Print Customer's Full Name	Signature	Date
Cardholder's Full Name	Signature	Date

### PLEASE DO NOT WRITE ABOVE THIS LINE

	QTY	CLASS	DESCRIPTION	PRICE	AMOUNT
<input type="checkbox"/> Expiration Date Checked  SIGN HERE X _____ The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.					
	DATE AUTHORIZATION			SUB TOTAL	
	REFERENCE NO.		SERVER	TAX	
	ID-FOLIO / CHECK NO. / LIC. NO. STATE	REG./DEPT	CLERK	TIP	
				MISC.	
				<b>TOTAL</b>	