

## Credit Card Authorization form for Sebastian Moving®.

Merchant #: 440265412880  
Authorization #: 1-800-503-1033  
Transaction Code #: 1

Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Check/Circle One:

VISA       MasterCard       Discover       American Express

Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_

Amount of Charge: \$\_\_\_\_\_

I acknowledge that, I am the cardholder listed on the card and hereby authorize Sebastian Moving® to charge my card for the amount above. If for any reasons the credit card transaction does not go through, I further acknowledge that I have three (3) days to pay the amount in either CASH or BANK DRAFT.

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_