

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: _____