



7450 MILE END STREET 2ND FLOOR
MONTREAL, QC H2R 2Z6
TEL: (514) 744-9998 FAX: (514) 744-9112

MASTERCARD / VISA / AMEX PAYMENT AUTHORIZATION FORM

I, _____, authorize ACTION MOVING AND STORAGE INC.

to charge my MASTERCARD / VISA / AMEX (CIRCLE ONE) credit card account

number. # _____ expiry date: _____ for the

amount of \$ _____, CAD/USD funds, for the Moving Services,, covered by

the B/L Contract Number # _____ under the name of

_____.

I AGREE NOT TO DISPUTE THESE CHARGES

INITIAL X _____

Cardholder Signature

Date

Contract Number

Print Cardholder's Name

THANK-YOU