



Single Transaction Credit Card Payment Authorization Form

By signing this form, I authorize **TX Moving & Storage** to debit/charge my account for the amount indicated below. This is authorization for only one transaction.

Please complete the information below:

I _____ authorize to charge my credit card listed below a total
(Full name)

amount of \$ _____ on date ____ / ____ / 2019
(Amount)

for Invoice/Contract number _____ for service _____
(Document Number) (Service Type)

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date ____ / ____ / 20

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone# _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services type described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company/Financial Institute; as long as the transactions corresponds to the terms indicated in this form and accepting the service offered and the terms and conditions.

Please email this form: info@txmovingandstorage.com