



500 ESNA PARK DR, UNIT 10, MARKHAM, ON L3R 1H5  
(800) 915-0663  
www.mmovers.ca

## CREDIT CARD AUTHORIZATION FORM

This form is to serve as payment for service provided by Miracle Movers as described in our legal contract. Please send back this completed form with a front and back side copy of the credit card to sales@mmovers.ca or by Fax: **(416) 900-3448**

All information will remain confidential

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type:          Visa                                  MC                                  AmEx

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Card Identification number (last 3 digits on the back of the card for Visa and MC or 4 digits on the front for AmEx) \_\_\_\_\_

Being the cardholder or Corporate Officer, by signing below I agree to pay and specifically authorize Miracle Movers to charge my credit card the amount described in our legal contract. I further agree that in the event my credit card becomes invalid, I will provide Miracle Movers with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

Signed: \_\_\_\_\_

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

Name: \_\_\_\_\_

***Important: please, remit this form along with photographs of credit card and id (front and back)***