MIRACLE MOVERS
Because we care

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)*