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www.miraclemovers.com

CREDIT/DEBIT CARD AUTHORIZATION FORM

This credit/debit authorization form is to serve as payment for the following services provided by Miracle Movers (select all that apply):

Moving

Packing

Storage

Plastic Bins rental

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) _____

I hereby affirm that I am the cardholder or the corporate authorizing officer of the credit/debit card above.

I hereby authorize Miracle Movers to charge my credit/debit card the amount described in the 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.

Date: ____ / ____ / ____

Name: _____

Signed: _____

Important: Please, submit this form to your moving consultant along with photographs of credit card and id (front and back) via email to sales@mmovers.ca