

GROVES Moving & Storage Co. Inc.

CREDIT CARD AUTHORIZATION FORM

SELECT ONE: MASTERCARD OR VISA DISCOVER AMERICAN EXPRESS

Today's Date: _____ Order #: _____ Estimate completed by: _____

Cardholder's Name: _____ Agent #: _____

Cardholder's Billing Address: _____

City, State and Zip Code: _____ Estimated Load Date: _____

Notice to cardholders: Please read before signing

Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and become his/her agreement to pay all charges as checked and signed by the cardholder and that Groves Moving & Storage is authorized to charge all such items to the identified account of cardholder.

Credit Card Number: _____ Security Code: _____

Expiration Date: _____ Business Phone: _____ Home Phone: _____

NonBound Estimate + 10% of total: Binding Total binding estimated charges:
estimates \$ _____ estimates \$ _____

Cardholder signature: _____ Date: _____

Note to Agency: Please obtain a separate authorization for auto shipments.

Auto Order #: _____
Shipments \$ _____ X _____
Estimated Cost of Service: Cardholder signature: (Sign and Date)

Note to Agency: Please obtain a separate authorization for additional moving/supplemental expenses

Additional The cardholder hereby authorizes the following estimated, additional moving/supplemental expenses. The actual moving expenses are the final audited costs of all services performed, including the original services requested and additional moving/supplemental services approved or requested by cardholder or otherwise required out of necessity. In the event that the final audited costs are in excess of the estimates, the cardholder shall be responsible for payment of the excess. If final audited costs are less than the amount charged to the cardholder's account, the cardholder shall be entitled to a refund.
Moving and Supplemental
Expenses

Description of Additional Services: _____

I authorize Groves Moving & Storage to charge the above-referenced credit card account for the transportation and related charges on the household goods move referenced above. I understand that the amount will be charged to my credit card account within approximately 48 hours of the load date.

Additional Moving Expenses:
\$ _____ X _____
Estimated additional moving expenses subject to audit Cardholder signature: (Sign and Date)



CREDIT CARD AUTHORIZATION FORM

Today's Date: _____ SELECT ONE: MASTERCARD/VISA DISCOVER AMERICAN EXPRESS

Cardholder's Name: _____ Shipper's Name (if different): _____

Cardholder's Billing Address: _____
Street

City State Zip Code

Credit Card Number: _____ Expiration Date on Credit Card: _____
MO/YR

Business Phone: _____ Home Phone: _____ Cell Phone: _____
xxx-xxx-xxxx xxx-xxx-xxxx xxx-xxx-xxxx

Household Goods Shipment

Order # _____ - _____ - _____

Non-Binding Estimate Charges + 10%: \$ _____ **or** Binding Estimate Charges: \$ _____

Auto Shipments

Order # _____ - _____ - _____ Estimated Charges for Service \$ _____

Notice to Cardholder: Please read before signing

The cardholder hereby authorizes all actual charges for the above-listed Merchant order number(s) be charged to the cardholder's above-described credit card. The actual moving charges will be the final audited costs of all services performed, including the original services requested and additional moving / supplemental services approved or requested by cardholder or otherwise required in order to accomplish the safe transportation (as defined by federal law) of the shipment. In the event that the final audited charges are in excess of the estimates, the cardholder agrees to be responsible for supplemental charges. In the event that the final audited charges are less than the estimated charges that are charged to the cardholder's account, the cardholder shall be entitled to a refund. Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and is his/her agreement to pay all estimated and supplemental charges as described above, and that Merchant is authorized to charge **all** actual moving charges, including supplemental charges, to the identified account of cardholder. The estimated charges may be charged within 48 hours of loading.

CARDHOLDER: DO NOT SIGN THIS AUTHORIZATION FORM IF IT IS INCOMPLETE

Cardholder Signature: _____ Date: _____