



2810 South Park Rd, Pembroke Park, FL 33009

Phone: (866)956-2326 FAX: 954-894-9119

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize OCEAN MOVING & STORAGE to make a one time, debit to your credit card listed below. This is permission is for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

JOB/REF #: _____

MOVE DATE: _____

I _____ authorize OCEAN MOVING & STORAGE to charge my credit card (card holder full name)

account indicated below for \$ _____ . This payment is for Relocation/Storage Services of: (amount)

(Customer name)

Account Type: [] Visa [] MasterCard [] AMEX [] Discover
Cardholder Name _____
Card #: _____ Exp Mo/Yr: ____/____ CVV Code: _____
Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

By signing below, I authorize OCEAN MOVING AND STORAGE to charge my credit card indicated in this authorization form according to the terms outlined herein. I certify that I am an authorized user of this credit card. I understand that credit card charges are specific to the Bill of Lading, Moving Services, Deposit, or Storage Fees. Should there be any claim for any loss or damages whatsoever, the customer and/or cardholder understands and agree that any claim for reimbursement or refund is separate and apart from this authorized charge. Furthermore, I fully acknowledge, authorize, and accept this form as a complete and equal substitute for an imprinted charge slip. I hereby direct my financial institution to honor this form as a complete and equal substitute for an imprinted charge slip and thereby waive any and all representment rights associated with this transaction.

Card Holder ID/DL State: _____ Card Holder ID/DL # _____ ID/DL Exp Date _____



SIGNATURE _____

DATE _____