



CREDIT CARD AUTHORIZATION FORM

ATTN: VS NY Transportation.

JOB NUMBER: _____ DATE: _____

I, _____, hereby authorize

VS NY Moving or its affiliates to charge my credit card for the amount of:

\$ _____ + 5% admin fee _____ = Total _____

Card Holder Name (as listed on the credit card): _____

Credit Card Number: _____ - _____ - _____ - _____

Card Type: Visa / MasterCard Exp. Date: _____ CID Code (3 numbers on back of the card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

- Please send a copy of the credit card holder's driver's license for signature verification
- Please attach a copy of the credit card front and back to protect against credit card fraud/theft
- Please Email required documents to vsnymoving@gmail.com
- Your completion of this form will help us protect you, our valued customer, from credit card fraud

I certify that above statements and information made in the agreement are true and correct the best of my knowledge. I also certify that I am an authorized user for the above credit card. By signing this credit card authorization form, I understand and agree to the terms and conditions of my move and the charge. I agree that if for any reason, including any action or request made by myself or on my behalf, this charge or any part of this charge is contested, declined, or otherwise not paid, I will be personally liable for any and entire charges

Card Holder Signature

Date