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LAP MOVERS

DOT #3194473 CAL-T #191847

Job #: _____

Credit Card Authorization Form

I, _____ authorize LAP Movers to charge my card indicated below
(Full Name)

for the amount of not to exceed _____ on or after _____.
(Amount) (Date)

Sign and complete this form to authorize LAP Movers LLC to make a one time, debit to your checking or savings account. By signing below, you give LAP Movers LLC permission to charge my credit card for the amount indicated on or after the indicated date. This permission is for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account

Payment Purpose: Deposit _____ **Job Payment** _____ **Storage Payment** _____

Charge: \$ _____ **Card Type:** _____

Card Holder Name: _____

Card #: _____ **Exp Date:** _____

CVV #: _____

Billing Address: _____

City: _____ **Zip:** _____ **State:** _____

By signing below, I acknowledge that some charges may appear separately on my credit card statement, but will not exceed, in total, the amount I am authorizing above. 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 Signature: _____ Date: _____