

**On Time Moving & Storage**  
**Credit Card Authorization Form**

**PAYMENT MUST BE IN CASH, MONEY**  
**ORDER OR CASHIERS CHECK.**

Paying with certified funds \_\_\_\_\_ Paying with card \_\_\_\_\_



Visa  MasterCard

**YOU MAY USE VISA/MASTERCARD WITH A 2%  
ADMINISTRATION FEE.**  
**For any deliveries outside the state of Florida,  
PLEASE READ BELOW**

- \*Any credit or debit card run on the day of the unload will be charged an additional 5%.**
- \*If the driver at any point has to wait for payment there will be an additional charge.**
- \*It is customer responsibility to have payment form taken care of in advance.**
- \*Most Credit and Debit cards have daily limits and fraud protection you must call the bank in advance and tell them there is a large transaction coming thru.**

I, \_\_\_\_\_, hereby authorize On Time Moving & Storage  
to charge my credit card account in the amount of \$ \_\_\_\_\_ +2% \_\_\_\_\_  
Last 4 Numbers \_\_\_\_\_ CVC Code \_\_\_\_\_ (3 digits on back)  
Credit Card Billing Address

**THIS IS THE ADDRESS THAT THE CREDIT CARD BILL IS MAILED TO CURRENTLY**

Name (as appears on card) \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods and services at the billing address above.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STORAGE - PAYMENT FORM**

All storage payments must have recurring monthly payments scheduled beginning on the day of pick-up. If you take delivery before the next payment, you will be prorated & taken off your balance due. **There will be a \$10 late fee if payment is more than 10 days late.** Sign and date below to acknowledge you've read and understand that this following card will be used monthly for storage payment.

Last 4 \_\_\_\_\_ CVC \_\_\_\_\_ (3 digits on back)

**Credit Card Billing Address**

**THIS IS THE ADDRESS THAT THE CREDIT CARD BILL IS MAILED TO CURRENTLY**

Name (as appears on card) \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Customers Signature: \_\_\_\_\_ Date: \_\_\_\_\_