



CREDIT CARD PAYMENT AUTHORIZATION FORM

I _____ authorize Tender Touch Moving (TTM) to charge the amount of \$ _____ to my credit card.

Card Number _____

Expiry Date _____

This payment is for the relocation of (Name)

(TTM) Registration or Laiding Number _____

Moving from (City) _____

Moving to (City) _____

Cardholder's Signature

Date _____

Please fill in the required information and attach a photocopy of the front and reverse side of your credit card and fax to TTM

Authorization Number (TTM USE ONLY) _____