



1st Class Moving Storage, Inc.

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AUTHORIZATION FOR A MONTHLY CREDIT CARD CHARGE

TO WHOM IT MAY CONCERN:

I, _____, HEREBY AUTHORIZE 1ST CLASS
(Please Print Name)

MOVING STORAGE TO CHARGE MY CREDIT CARD SHOWN BELOW:

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NO.: _____

EXPIRATION DATE (mm/yy): ____/____, Security Code (On Back Except Amex on Front) _____

BILLING ADDRESS: _____

THE AMOUNT OF \$ _____ ON THE FIRST OF EVERY MONTH

STARTING ON: _____ UNTIL CANCELLED BY CARDHOLDER.

TYPE OF PRODUCT OR SERVICE: **MONTHLY STORAGE FEES**

CLIENT: _____ JOB NO.: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____

Please fill out completely (All information listed is required) and then email or fax back along with a copy of the Credit Card ASAP.

Your information is safe with us. Please read our Privacy Policy for more details