



**VISA / MASTERCARD PAYMENT
AUTHORIZATION FORM**

I _____ authorize AAA Action Movers Inc. to
charge the amount of _____ to my credit card.

Card Number _____ Expiry Date _____

This payment is for the Relocation/Move of _____

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 AAA Action Movers Inc. 604-694-7739 for authorization.