

Getting you
moved!



888-201-8989

Best West Express
Credit Card Authorization Form

Job Number: _____

Date: _____

I, _____ authorize Best West Express to charge my credit card.

Card Account Number: _____ - _____ - _____ - _____.

3 numbers on back of the card _____

Card Type: Visa MasterCard

Exp. Date: ____/____.

\$ _____ (US Dollars) _____ (amount in words)

Cardholder Signature

Print Name

(Billing address for credit card)

Fill only if Applicable

In case you are paying for someone else's move (Company Move, Family member, Friend, Charity etc.)

Please complete with Customers Name _____

and relationship to you _____

* By paying for this move you agree to the Terms & Conditions as they appear on the Contract for the Move signed by the person you are paying on behalf.

Please print, sign and fax back to the fax number below.

FAX : (323) 978-6866