



Move Deposit Agreement Form

Customer Name on Contract: _____

Credit Card Holder: _____

Credit Card Number: _____

Expiration Date: _____ CCV _____ Authorization: _____

Total Charge: _____ Customer #: _____

New Billing Address: _____

New Telephone No.: _____

Driver License #: _____ State: _____ DOB: _____

Pick-up Address: _____

Delivery Address: _____

Visa Or Mastercard Only

By signing this agreement you agree that, if for any reason this charge is contested or cancelled, you will be assessed an administrative charge for of \$200. for the additional burden put on Movers USA, Inc. office staff to dispute the action.

Customer Signature: _____ Date: _____

Would you like us to keep this credit card information on file for future charges?
Circle YES or NO.

Customer Signature: _____ Date: _____

Cancellation by either party can be made at no cost up to seventy-two hours prior to the scheduled pick-up date. If cancellation is made after that date there will be no refund of your deposit.