DECOR MOVING SERVICES

DATE: _____

Account Billing Form

Company _____ Tel No: _____

Address: _____ Fax No: _____

Addr cont: _____

City\State: _____ Email: _____

Zip: _____ Contact: _____

Billing Method

(Circle One) Visa Master Card Amex Discover

Account #: _____

Name On Card: _____

Exp(mo/yr): _____

Billing Address

Address: _____

Addr cont: _____

City\State: _____

Zip: _____ Phone: _____

Signature

Payment is due upon completion of a move, delivery, installation or job. If payment is not received within 14 days of completion, you authorize Décor Moving Services to charge the above Credit Card for the balance. I/We confirm that the information given herein is accurate and confirm that I/we agree to the Terms of Business and Conditions of Sale of Décor Moving Services, Inc.

_____

Authorized Signature Title

_____

Name (printed)

AS ID INDUSTRY PARTNER

AMSA
AMERICAN MOVING AND STORAGE ASSOCIATION