

Nice Move, Inc
514 Rahway Ave
Woodbridge, NJ 07095
(732) 602-9599

DATE : _____ NAME & SIGNATURE: _____

I, _____
Authorize, to charge my credit card

Account number: _____

CC COD: _____

Billing Address: _____

Billing City: _____

Billing Zip Code: _____

For the amount of: \$ _____

Expiration date: _____

Signature here guarantees payment with no protest now or later date, same as cash payment.

SIGNATURE

Note: Please, print out or fill up this form and send back to us with copy of:

1.) credit card front & back 2) copy of driver license

E-MAIL: NICEMOVEINC@GMAIL.COM FAX # 718 677 4016

THANK YOU