



Driving Momentum Inc.®
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Providing D.O.T. Driver Leasing Services

VERIFICATION OF EMPLOYMENT

CREDIT CARD AUTHORIZATION

Select One: [] Visa [] MasterCard [] American Express [] Discover

Today's date: _____

VOE requested by: _____ Contact number: _____

Email address the requested VOE will be sent to: _____

Name on card: _____

Cardholder's billing address: _____

Credit card number: _____

Expiration date: _____ (MM/YY) *CVV code: _____

*Discover, MasterCard and Visa - 3 digit CVV (card verification value) on the back of the card.
American Express - 4 digit CVV on the front of the card.

Amount of credit card transaction: _____

Driving Momentum Inc charges \$15.00 per VOE.

Cardholder's signature authorizing transaction: _____

Please sign above as authorization to bill your credit card for the indicated amount of the credit card transaction.

Names of employee(s) VOE is for: _____

Receipt requested: [] Yes [] No If yes, indicate fax # or email address.

Fax number: _____ Email address: _____

Please email along with employee authorization to: VOE@drivingmomentum.com