



northAmerican®
VAN LINES

NORTH AMERICAN VAN LINES
P.O. BOX 988
FORT WAYNE, INDIANA
46801-0988

RELOCATION SERVICES CREDIT/CHARGE CARD RELEASE FORM

I authorize North American Van Lines (NAVL) to charge my credit account identified below, for transportation and related charges on my household goods move. As indicated by my origin survey, **additional charges, if any, may be handled on a COD basis at destination.**

ORIGIN

CARDHOLDER NAME: _____
(Print or Type)

(Circle One) VISA MASTERCARD DISCOVER CARD AMERICAN EXPRESS DINERS CLUB

CARD NUMBER: _____ EXPIRATION DATE: _____

CARDHOLDER'S BILLING VERIFICATION: ADDRESS: _____
CITY/STATE: _____
ZIP CODE: _____

Charge my account with the amount indicated below:
_____ \$ _____
CARDHOLDER'S INITIALS AUTHORIZATION CODE CHARGE AMOUNT
(NAVL will provide)

Complete the following if the cardholder authorizing payment and customer relocating are not the same.
I hereby authorize North American Van Lines, Inc. to charge my credit/charge account the amount indicated above for the transportation of: _____

CARDHOLDER'S SIGNATURE

DESTINATION

ADDITIONAL CHARGES AT DESTINATION ARE COD TO CUSTOMER. NORMAL COLLECTION PROCEDURE APPLIES.

NOTICE TO CREDIT CARDHOLDER: BEFORE SIGNING CARDHOLDER AGREES THAT HIS/HER SIGNATURE ON THIS FORM CONSTITUTES SIGNATURE ON FILE AND IS AN AGREEMENT TO PAY ALL CHARGES CHECKED AND INITIALED. ALL SUCH ITEMS WILL BE CHARGED TO THE CREDIT/CHARGE CARD ACCOUNT NUMBER I HAVE PROVIDED, AND SHOWN ABOVE. I UNDERSTAND THAT THE AMOUNT CHARGED TO MY CREDIT/CHARGE CARD ACCOUNT MAY BE REFLECTED ON MY ACCOUNT BALANCE PRIOR TO LOADING OF THE SHIPMENT(S). I ALSO HEREBY AGREE TO PAY FOR ALL CHARGES IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE INTERSTATE COMMERCE COMMISSION.

CARDHOLDER'S SIGNATURE DATE

AGENTS (Please complete before faxing to Fort Wayne) NAVL CREDIT EXPRESS FAX: #800-999-6897

Contract Number _____ Load Date _____
Fax Number _____ Delivery Date _____
Agent Name/Code/Representative _____ / _____ / _____
(NAVL provides) Authorization Number _____ Date faxed to agent _____

***NOTE: AGENT MUST "FAX" THIS FORM WITH CARDHOLDER'S SIGNATURE 48 HOURS PRIOR TO LOAD DATE.**