

Move Date \_\_\_\_\_



# CREDIT CARD AUTHORIZATION FORM

Today's Date: \_\_\_\_\_ SELECT ONE:  MASTERCARD/VISA  DISCOVER  AMERICAN EXPRESS

Cardholder's Name: \_\_\_\_\_ Shipper's Name (if different): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Credit Card Number: \_\_\_\_\_ Expiration Date on Credit Card: \_\_\_\_\_  
MO/YR

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
xxx-xxx-xxxx xxx-xxx-xxxx xxx-xxx-xxxx

**Household Goods Shipment**

Order # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Non-Binding Estimate Charges + 10%: \$ \_\_\_\_\_ **or**  Binding Estimate Charges: \$ \_\_\_\_\_

**Auto Shipments**

Order # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Estimated Charges for Service \$ \_\_\_\_\_

### Notice to Cardholder: Please read before signing

The cardholder hereby authorizes all actual charges for the above-listed Merchant order number(s) be charged to the cardholder's above-described credit card. The actual moving charges will be the final audited costs of all services performed, including the original services requested and additional moving / supplemental services approved or requested by cardholder or otherwise required in order to accomplish the safe transportation (as defined by federal law) of the shipment. In the event that the final audited charges are in excess of the estimates, the cardholder agrees to be responsible for supplemental charges. In the event that the final audited charges are less than the estimated charges that are charged to the cardholder's account, the cardholder shall be entitled to a refund. Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and is his/her agreement to pay all estimated and supplemental charges as described above, and that Merchant is authorized to charge all actual moving charges, including supplemental charges, to the identified account of cardholder. The estimated charges may be charged within 48 hours of loading.

### CARDHOLDER: DO NOT SIGN THIS AUTHORIZATION FORM IF IT IS INCOMPLETE

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For questions, please contact the Headquarters Corporate Cash Department - 800-283-5730  
Agents - do NOT store this form in TransDocs