

FAX TO: \_\_\_\_\_ (YOUR MOVE COORDINATOR) **FAX NUMBER: 905-670-0764**



## CREDIT CARD AUTHORIZATION FORM

SELECT ONE:  MASTERCARD  VISA  AMERICAN EXPRESS

Today's Date: \_\_\_\_\_ Order #: \_\_\_\_\_ Estimate completed by: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Agent #: \_\_\_\_\_

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

Cardholder's  
Billing City, State/Province and Zip/Postal Code: \_\_\_\_\_ Estimated Load Date: \_\_\_\_\_

### Notice to cardholders: Please read before signing

Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and become his/her agreement to pay all charges as checked and signed by the cardholder and that United Van Lines is authorized to charge **all** such items to the identified account of cardholder.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

<input type="checkbox"/> <b>Non-binding estimates</b>	Estimate + 10% of total: \$ _____	<input type="checkbox"/> <b>Binding estimates</b>	Total binding estimated charges: \$ _____
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Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note to Agency: Please obtain a separate authorization for auto shipments.

Order #: \_\_\_\_\_

<input type="checkbox"/> <b>Auto Shipments</b>	Estimated Cost of Service: \$ _____	<b>Cardholder signature: (Sign and Date)</b> _____
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Note to Agency: Please obtain a separate authorization for additional moving/supplemental expenses

**Additional Moving / Supplemental Expenses**

The cardholder hereby authorizes the following estimated, additional moving/supplemental expenses. The actual moving expenses are 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 out of necessity. In the event that the final audited costs are in excess of the estimates, the cardholder shall be responsible for payment of the excess. In the event that the final audited costs are less than the estimates, which are charged to the cardholder's account, the cardholder shall be entitled to a refund.

Description of Additional Services: \_\_\_\_\_

I authorize United Van Lines to charge the above-referenced credit card account for the transportation and related charges on the household goods move referenced above. I understand that the amount will be charged to my credit card account within approximately 48 hours of the load date.

Additional Moving Expenses: **Cardholder signature: (Sign and Date)**

\$ \_\_\_\_\_  
Estimated additional moving expenses (total costs subject to final audit)