

NORTH AMERICAN VAN LINES
1-800-234-1584

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.**

CARDHOLDER NAME: _____
(Print or Type)

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

CARD NUMBER: _____ **EXPIRATION DATE:** _____

CVV# _____ (The number on signature panel on back of card)

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 (shipper name): _____

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S BILLING VERIFICATION:
(REQUIRED)

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

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 HEREBY AGREE TO PAY ALL CHARGES IN ACCORDANCE WITH THE RULES AND REGULATIONS GOVERNINGS MY MOVE.

CARDHOLDER'S SIGNATURE

DATE

AGENTS (Please complete before faxing to Fort Wayne) NAVL CREDIT EXPRESS FAX: (260) 429-2164

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.