

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 card account identified below, for transportation and related charges on my household goods move. As indicated by my original 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 _____ **EXPERATION DATE** _____

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

Charge my card with the amount indicated below:

_____ \$ _____
CARDHOLDER'S INITIALS **AUTHORIZATION CODE** **CHARGE AMOUNT**

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 APPROVED, 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 GOVERNING MY MOVE.

_____ **CARDHOLDER'S SIGNATURE** _____ **DATE** _____

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

Contact Number _____ Loading 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.