

# Atlas Transfer & Storage Co.

Agent for Allied Van Lines DOT 076235

P.O. Box 80008, San Diego, CA 92138 1-800-854-2938 Fax 858-513-3900

P.U.C. # T-61487

## Credit Card Authorization

Thank you for choosing Allied Van Lines for your relocation. We appreciate the opportunity to provide you with our services. Please take a moment to complete this form for our records and return it to us.

**SAMPLE**

Customer's Name \* \_\_\_\_\_ Reg. Number \_\_\_\_\_

I, \* \_\_\_\_\_, authorize payment of moving expenses from \* \_\_\_\_\_ origin

to \* \_\_\_\_\_ in the amount of \* \_\_\_\_\_ to be charged to my \* \_\_\_\_\_ destination \_\_\_\_\_ Type of Credit Card \_\_\_\_\_

\* \_\_\_\_\_ CVV \* \_\_\_\_\_ Exp. Date \* \_\_\_\_\_  
Credit Card Number

*(This does not include a shuttle, S.I.T. charges, third party services at destination; if applicable)*

\* \_\_\_\_\_ Date \* \_\_\_\_\_  
Cardholder's Signature

\* \_\_\_\_\_ Address @ destination  
Billing Address for Credit Card

\* \_\_\_\_\_ City, State, Zip  
City, State, Zip

\* \_\_\_\_\_ Phone# @ origin Phone# @ destination

**Please complete all \* for us to run your credit card for your move.**

NOTE: We will NOT receive a credit card at the completion or on the day of packing and/or loading; it must be received 72 hours prior to your move.

Please select Salesperson:

- Alex
- Victor
- Jerry
- John
- Karen
- Atlas Transfer

### Automatic Credit Card Authorization for Storage Charges

**Complete if you would like your storage charges run as well.**



\* \_\_\_\_\_  
Account Number

\* \_\_\_\_\_  
Expiration Date

\* \_\_\_\_\_  
CVV, last 3 digits on the signature panel

\* Debit Amount \$ \_\_\_\_\_ dollars on the first of each month for term of storage at Atlas Transfer and Storage Company.

\* Name on card \_\_\_\_\_

This authority is to remain in full force and effect until Atlas Transfer has received written notification from me 30 days prior to my shipment released from storage. (Storage is not prorated.) If my charge is declined, I shall be charged a \$20.00 return fee.

I have read, understand, and agree with the terms of this form.

\* Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please Print

\* Billing Address \_\_\_\_\_

\* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Phone# \_\_\_\_\_