

J.D. CARTON & SON, INC.
AGENT FOR ALLIED VAN LINES
125 E. Halsey Road
Parsippany, NJ 07054
PH: 973-781-1600
Fax: 973-386-1694

CREDIT CARD AUTHORIZATION FORM

This form must be completed and received at our office prior to the loading date of your shipment. Failure to do so may require payment to be made in the form of a certified check or cash at the time of delivery. The credit card information received will be held and run ten business days prior to your loading date.

AMERICAN EXPRESS, VISA or MASTERCARD ONLY!!!

I, _____ authorize payment of moving expenses
(Customer Name-Please Print)

from _____
(Origin City & State) (Destination City & State)

in the amount of \$ _____ to be charged _____
(Type of Credit Card)

(Credit Card Number) Expiration Date _____

(Street Address where Credit Card Bill will be sent)

_____, _____, _____
(City) (State) (Zip)

I have received a copy of the booklet "Your Rights and Responsibilities When You Move" and the "American Movers Settlement Program". I understand that Title 49 of the US Code dictates that motor carriers must collect transportation charges in accordance with their published tariffs. ***Under federal law, the obligation to collect transportation charges is separate and distinct from the claims handling procedure.*** I also understand that any refund is subject to audit by Allied Van Lines Corporate office.

X _____
(Customers Signature)

(Date)