

ALLIED VAN LINES  
(260) 429-3153  
FWACREDITEXPRESSAWFW.COM  
Fax # (260) 429-2164

ALLIED VAN LINES  
P.O. BOX 988  
FORT WAYNE, INDIANA  
46801-0988

**CREDIT/CHARGE CARD  
RELEASE FORM**

I authorize Allied Van Lines 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

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CVV# \_\_\_\_\_ (The number on the signature panel on back of card)

Charge my account with the amount indicated below:

\_\_\_\_\_ \$ \_\_\_\_\_  
CARDHOLDER'S INITIALS AUTHORIZATION CODE CHARGE AMOUNT  
(Allied will provide)

Complete the following if the cardholder authorizing payment and customer relocating are not the same.

I hereby authorize Allied 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 ALSO HEREBY AGREE TO PAY FOR ALL CHARGES IN ACCORDANCE WITH THE RULES AND REGULATIONS GOVERNING MY MOVE.

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE DATE

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

Registration Number \_\_\_\_\_ Load Date \_\_\_\_\_

Fax Number \_\_\_\_\_ Delivery Date \_\_\_\_\_

Agent Name/Code/Representative Blocker Transfer / 0137- /

(Allied provides) Authorization Number \_\_\_\_\_ Date faxed to agent \_\_\_\_\_

**NOTE: AGENT MUST "FAX" THIS FORM WITH CARDHOLDER'S SIGNATURE 48 HOURS PRIOR TO LOAD DATE.**