



CREDIT CARD RELEASE FORM

I authorize United Van Lines, Inc. to charge my **Visa/MasterCard/American Express/Discover** (circle one) Credit Card account _____ (insert cardholder number) for the transportation and related charges on my / _____ (circle my or insert customer's name) household goods move.

I understand that the amount charged to my credit card account will be reflected on my credit card statement within **three days** of authorization. The amount charged is based on a (check one):

_____ Price of \$ _____, which is the amount of my estimate and based on the services I have specified. Payment for any services requested and performed which were not included in my estimate will be due 30 days from receipt of invoice.

_____ Price of \$ _____, which is 110% of my estimate, provided by ICC Regulations and the Carriers Tariff. The final cost of my move will be based on actual transportation and related services performed. If the actual cost is less than 110% amount, the difference will be credited to my credit card account by United Van Lines. If the actual cost exceeds the 110% amount, the difference will be invoiced to me and is due 30 days from receipt.

Additional Charges Authorized

_____ Price of \$ _____, which is the amount of additional moving services I have requested or out of necessity in addition to the estimated amount(s). By cardholder's approval herein, all audited costs and costs for additional moving services approved or requested by cardholder may be charged to the above account number in accordance with the final audited cost of service.

Cardholder Signature

Date

Print Cardholder Name

Cardholder Expiration Date

AGENTS USE ONLY

Order Number: _____

Form completed by (name/agent): _____

For Visa/MasterCard Authorizations call **1-800-337-9018**

Merchant Number — **3851 000000 10235**

For American Express Authorizations call **1-800-528-2121**

Merchant Number — **324 656 2656**

For Discover Authorizations call **1-800-347-1111**

Merchant Number — **601101403009275**

Authorization Number: _____

Authorization Date: _____

Original - To UVL
1st Copy - To Customer
2nd Copy - To Agent