



CREDIT CARD AUTHORIZATION FORM

SELECT ONE: MASTERCARD/VISA DISCOVER AMERICAN EXPRESS

Today's Date: _____ Order #: _____ Estimate completed by: _____

Cardholder's Name: _____ Agent #: _____

Cardholder's Billing Address: _____

Cardholder's Billing City, State and Zip Code: _____ Estimated Load Date: _____

Notice to cardholders: Please read before signing

Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and become his/her agreement to pay all charges as checked and signed by the cardholder and that Mayflower Transit is authorized to charge all such items to the identified account of cardholder.

Credit Card Number: _____

Expiration Date: _____ Business Phone: _____ Home Phone: _____

Estimate + 10% of total:
Total binding estimated charges:
\$ _____

Cardholder signature: _____ Date: _____

Note to Agency: Please obtain a separate authorization for auto shipments.

Order #: _____
Estimated Cost of Service: _____ Cardholder signature: (Sign and Date)
\$ _____

Note to Agency: Please obtain a separate authorization for additional moving/supplemental expenses

Additional Moving / Supplemental Expenses

The cardholder hereby authorizes the following estimated, additional moving/supplemental expenses. The actual moving expenses are the final audited costs of all services performed, including the original services requested and additional moving/supplemental services approved or requested by cardholder or otherwise required out of necessity. In the event that the final audited costs are in excess of the estimates, the cardholder shall be responsible for payment of the excess. In the event that the final audited costs are less than the estimates, which are charged to the cardholder's account, the cardholder shall be entitled to a refund.

Description of Additional Services: _____

I authorize Mayflower Transit to charge the above-referenced credit card account for the transportation and related charges on the household goods move referenced above. I understand that the amount will be charged to my credit card account within approximately 48 hours of the load date.

Additional Moving Expenses: _____ Cardholder signature: (Sign and Date)
\$ _____

Estimated additional moving expenses (total costs subject to final audit)

PMT