

CREDIT CARD AUTHORIZATION FORM

I,	authorize payment of moving expenses
from(Origin)	to (Destination)
of \$ to be ch	narged to my Master Card / Visa (no debit cards)
(Credit Card Number)	(Expiration Date)
Credit Card Billing Address:	Credit Card Receipt Mailing Address:
transportation charges in accordance with	e dictates that motor carriers must collect all their published tariffs. Under federal law, the is is separate and distinct from claims handling
(Customer Signature)	(Date)