ATLAS VAN LINES, INC.
1212 ST. GEORGE ROAD, P.O. BOX 509
EVANSVILLE, INDIANA 47703-0509
(800) 638-9797 ext: 2846 or 2850 / (812) 424-2222

ATLAS REGISTRATION NO.

U.S. DOT No. 125550

TRANSPORTATION SERVICES CREDIT CARD RELEASE FORM

I authorize **Atlas Van Lines, Inc. (Atlas)** to charge my credit card account identified below for transportation and related charges in the amount of : $

Cardholder Name _____

Cardholder's Billing Verification (required):

Address _____

City _____ **State** _____ **Zip Code** _____ + _____

Credit Card # _____ **Expiration Date** (MMYY) _____

Credit Card Authorization No. _____

I understand and agree that: (1) my signature on this form constitutes a "signature on file" and is an agreement to pay the charges indicated, which will be charged to the credit card number I have provided; (2) the amount charged to my credit card account may be reflected in my account balance prior to loading; and (3) I am legally obligated to pay for all transportation and related charges in accordance with the rules and regulations of the U.S. Department of Transportation and the terms of Atlas' tariff.

Cardholder Signature _____ **Date** _____

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

I authorize Atlas to charge my credit/charge account the amount indicated above for the transporation of the shipment of:

Customer's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code :** _____

Cardholder's Signature _____

AGENCY COPY - WHITE CUSTOMER COPY - YELLOW