

ADCO Van & Storage

820 Tek Road • Crystal Lake IL 60018 • 815-455-6640

**Visa/Mastercard
Authorization
Request Form**

This is a request for credit to pay for non-binding relocation expenses for:

Shipper's Name:

Card Holder's Name:

Business Phone: ()

Home Phone: ()

Visa / Mastercard Number:

Exp. Date:

(Must circle appropriate one)

This card and signature has been visually verified by _____ of ADCO Van and Storage and that the cardholder's signature is valid to the best of your knowledge and the person signing this request is authorized to use the card being charged.

ADCO Representative Signature:

Origin Address:

Street

City

Zip

Destination Address:

Street

City

Zip

***Notice to Visa / Mastercard Cardholders: Please read before signing**

Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and becomes his/her agreement to pay **all** charges as required to perform all necessary relocation services. Cardholder understands that this is a request for credit only. ADCO Van and Storage will charge the credit card account 72 hours prior to expected move date. If charges are not authorized, customer will be contacted and will agree to pay relocation expenses in cash - certified check or money order. If actual audited charges for the move are less than the amount authorized and charged, the above account will automatically be credited within one week of the relocation date.

Cardholder's Signature X

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Additional Moving Supplemental Expenses

Moving expenses are the actual audited cost of all services performed. There may be additional moving services provided, at shipper's request or out of necessity, in addition to the estimated amount(s). By cardholder's approval herein, all audited costs and additional moving services as shown on the bill of lading may be charged to the above account number in accordance with Illinois Commerce Regulations and final audited invoice.

Cardholder's Signature X

Estimated Cost of Services: \$

Cardholder's Signature X

Authorization for monthly storage billing to be charged to cardholder's account for as long as service is required.

Cardholder's Signature X