



Mayflower Transit, LLC
 P.O. Box 26150
 Fenton, MO 63026-1350
 636-305-4000 • ICC No. MC-2904
 US DOT 125563

**Visa/MasterCard
 Information**

Order for service number: _____ Estimate completed by: _____ Date: _____

Shipper's name: _____

Cardholder's name: _____ Agency number: _____

Business phone: _____ Home phone: _____

Visa/MasterCard number: _____ Expiration date: _____
 (must circle appropriate on _____)

Origin/Destination Information

Billing address: _____ City: _____ State: _____ Zip: _____

Destination Address: _____ City: _____ State: _____ Zip: _____

Estimated load date: _____

Non-Binding Estimates

V/MC authorization code: _____ Date authorized: _____ Estimated cost of service: \$ _____
(code will be obtained by Mayflower Credit Dept.)

Actual weight: _____ Date weight obtained: _____ Estimated + 10% Total: \$ _____
(Max. amount to be requested for authorization)

Cardholder's Initials: _____ Date: _____

Binding Estimates

V/MC authorization code: _____ Date authorized: _____ Total binding estimate charges: \$ _____
(code to be obtained by Mayflower Credit Dept.)

Cardholder's initials: _____ Date: _____

Additional Moving/Supplemental Expenses

Moving expenses are the actual audited cost of all services performed. There may also be additional moving services provided at shipper's request or out of necessity in addition to the estimated amount(s) shown above. 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 the service.

V/MC authorization code: _____ Date authorized: _____ Additional moving expenses: \$ _____
(Code will be obtained by Mayflower Credit Dept.)

Cardholder's initials: _____ Date: _____

Description of services: _____ Audited costs less estimate: (amount approved above) \$ _____

Grand total \$ _____

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 checked and initialed above and that Mayflower Transit, LLC is authorized to charge all such items to the above identified account of cardholder. Mayflower will mail written notification to cardholder within 24 hours of processing a charge or a credit to this account number. Cardholder understands that the authorized amount will be charged to the above account approximately 48 hours prior to expected load date. If the actual audited charges for the move are less than the amount authorized and charged, the above account will automatically be credited within 30 days of Mayflower's audit.

Cardholder's signature: _____ Date: _____

Mayflower representative signature: _____ Date: _____

Notice to Mayflower representative: your signature above confirms that you have seen the Visa or MasterCard to which the above amount is being charged, that you have verified that the cardholder's signature is valid and that to the best of your knowledge the person signing is authorized to use the card being charged.

Notice to Mayflower Agent or Van Operator:

Visa/MasterCard authorization and charge processing will be performed by the Credit Department of Mayflower Transit, LLC. Please refer to Section 5 of your Policy and Procedures Manual for complete instructions or contact the Credit Department for assistance.