



How to Complete Your Estimate & Order for Service

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Check that the estimate & order for service includes all services that you have requested. Verify that the agreed service dates are correct. Please note that loading and delivery can occur on any day(s) within the agreed service dates. It is your responsibility to be present for the loading and delivery of your shipment or make arrangements for someone to be present on your behalf.

If dates and services requested are correct, sign and date as the customer acknowledging receipt of the "Ready to Move" brochure and "Your Rights and Responsibilities When You Move" booklet. These documents are sent with the estimate & order for service.

Please select method of payment. Note COD payment must be by cash or certified check only. Credit cards payments are processed for the estimate amount 1 business day prior to loading. For credit cards you will need to complete and return the attached authorization form.

Sign and date as the customer acknowledging receipt of the Order for Service.

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Review the services listed and sign and date as the customer acknowledging potential charges.

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You must choose to select **EITHER** Option 1 Full Replacement Valuation **OR** Option 2 Waiver of Full replacement Value Protection.

If you choose to select Option 1 Full Replacement Valuation, you must declare the value of your entire shipment and select a deductible. The minimum value that you declare must be equal or higher to the weight of your shipment multiplied by \$6.00. If you choose Option 1 and do not declare a higher value, the value of your shipment will be deemed to be equal to the weight of your shipment multiplied by \$6.00. Sign and date as the customer acknowledging your declaration of value and deductible.

If you have items in your shipment that are valued in excess of \$100.00 per pound per article, Sign and date as the customer acknowledging this under Declaration of Article(s) of Extraordinary (Unusual) Value. These items will be inventoried separately at the time of loading and will need to be pointed out to the driver.

If you choose to select Option 2 Waiver of Full Replacement Value, Sign and date as the customer acknowledging your selection.

Your OFS is now complete!



CREDIT / CHARGE CARD RELEASE FORM

I authorize Allied Van Lines, Inc./Marathon Moving to charge my credit account, identified below, for transportation and related charges on my household goods move. As indicated by my origin survey, additional charges, if any, may be handled on a COD basis at destination.

Cardholder Name: _____ (Print or Type)

Payment Options (Check One): [] Mastercard/Diner [] Visa [] American Express [] Discover

Card Number: _____ Expiration Date: _____

CVV #: _____ (The 3 or 4 digit security # on the signature panel on the back of card. Amex is on front of card)

Charge my account with the amount indicated below:

_____ \$ _____
Cardholder's Initials Authorization Code (Allied will Provide) Charge Amount

Cardholders Billing Verification (Required):

Address: _____

City/State: _____ ZIP Code: _____

Destination: Additional charges at destination are COD to Customer. Normal collection procedure applies.

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

I hereby authorize Allied Van Lines, Inc./Marathon Moving to charge my credit/charge account the amount indicated above for the transportation of (shipper name):

Cardholder's Signature: _____

Notice to credit cardholder: Before signing, cardholder agrees that his/her signature on this form constitutes signature on file and an agreement to pay all charges checked and initiated. All such items will be charged to the credit/charge card account number I have provided and shown above. I also hereby agree to pay for all charges in accordance with the rules and regulations governing my move.
Cardholder's Signature Date

AGENTS (PLEASE COMPLETE BEFORE SENDING TO FORT WAYNE)

Registration Number: _____ Load Date: _____

Fax Number: _____ Delivery Date: _____

Agent Name / Code / Representative: _____ / _____ / _____

(Allied provides) Authorization Number: _____ Date Faxed to Agent: _____

NOTE: AGENT MUST FAX OR EMAIL THIS FORM WITH CARDHOLDER'S SIGNATURE AT LEAST 48 HOURS PRIOR TO LOAD DATE.