



Credit Card Authorization Form

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

TYPE OF CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

TOTAL: _____

I agree to pay the above payment amount to card issue agreement.

Client Signature: _____

REF QUOTE/ORDER #: _____

MailBoat Agent: _____