



## Credit Card Authorization Form

Company Name: \_\_\_\_\_

### Credit Card Information

Visa  MasterCard  Invoice # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address where credit card statements are sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

(Associated with credit card)

Being the cardholder or Corporate Officer, by signing below I specifically authorize  
Mail It Corporation to charge my credit card for the services provided by Mail It Corporation

4% will be charged for use of Credit Card      Total Amount Charged \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mail It will not be held responsible for response of your mailing.