Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US. All information will remain confidential.

Cardholder Name: Billing Address:				
		(city)		(zipcode)
email Address		Telep	ohone Number	
Credit Card Type:	Visa	Mastercard	Discover	AmEx
Credit Card Number:				
Expiration Date:	Month_	Year		
Card Identification Nun	nber (last 3 digit	s located on the	e back of the cre	dit card):
Mail Box Set Up Charge Mail Box Rental Extra Key Mail Forwarding Mail Forwarding Deposit		\$ 10		
Total	Amount to Charge	: \$	(USD)	
I authorize Mail Box Cer agreed amount listed c purchase in accordanc	bove to my cre	dit card provide	ed herein. I agree	-
Cardholder – Print Nam	e, Sign and Dat	e Below:		
Signed:				
Dated:				
Name:				

AUTOMATIC RENEWAL OPTION

Upon the expiration of the term of my mailbox rental, I authorize Mail Box Center Limited, 761 W. Sproul Road, Springfield, PA 19064 to charge the mailbox rental amount listed above to my credit card to renew and extend my mailbox rental for an additional equal term and thereafter until I provide notice to the contrary.

_____ (sign here only if you want automatic renewal)