

A SHIP N' BOX DEPOT

16227 VICTORY BLVD. VAN NUYS, CA 91406

PH: 818-904-9234 / FAX: 818-904-9148

WESHIP@SHIPNBOXDEPOT.COM

CREDIT CARD AUTHORIZATION FORM

I/ _____, the Cardholder acknowledge charges for **Pick Up/ Packing and/or Shipping**, charges from a SHIP N' BOX DEPOT, in the amount of *\$ _____, Also, agrees to perform the obligations set for in the Cardholder's agreement with the issuer.

***Please Note:** All phone/email orders will incur a 3% or min. \$3.00, whichever is greater processing fee. (this fee is not yet included on the quote you received and will be added at time of charge) by signing this form you agree to these terms and conditions.

Form of Payment:

Visa / Mastercard/Discover (Please Circle One)

NAME _____

Card #: _____

Exp. Date: _____

Sec. Code: _____ (LAST THREE DIGITS ON BACK OF YOUR CARD)

Billing Address: _____

City: _____ State: _____ Zip Code _____

Driver's Lic.# N/A Exp. Date: N/A State issued: N/A

PHONE: _____

Signature

DATE

ADDITIONAL BACK UP CREDIT INFORMATION (applies only for International Credit Card) REQUIRED ? Y N (Credit Card Verification Applies for Int'l Services)
FOR SHIP N' BOX DEPOT USE ONLY. CC AUTH DEPOSIT \$