

CREDIT/DEBIT CARD RELEASE FORM
VISA / MASTERCARD / AMX / DISCOVER

I authorize Ship My Package LLC dba Pak Mail to charge my credit/debit account described below for services rendered in the amount of \$_____

CARDHOLDER'S NAME _____
(print cardholder name as it appears on credit card)

CARD NUMBER _____

EXPIRATION ____/____

CARDHOLDERS' THREE/FOUR DIGIT CODE _____
(back of card)

CARDHOLDER'S C.C. BILLING ADDRESS

(house #, street to which statement is mailed)

CARDHOLDER'S CC ZIP CODE _____

I understand and agree that: (1) my signature on this form constitutes a "signature on file" and is an agreement to pay the charges indicated, which will be charged to the card number I have provided; (2) the amount charged to my credit card account may be reflected in my account balance prior to services rendered; and (3) I am legally obligated to pay for all related charges in accordance with the agreement made between Ship My Package LLC dba Pak Mail and me. AUTHORIZED CARD CHARGES SHOWING PAYMENT MUST BE COMPLETED BEFORE SERVICES RENDERED.

CARDHOLDER SIGNATURE: _____

PHONE NUMBER: _____ DATE: ____/____/____