Miami Postal Pack & Ship
12864 Biscayne Blvd.
North Miami, FL 33181
Ph: 305-899-8190
Fax: 305-899-8192
www.miamipostalpackship.com

CREDIT CARD AUTHORIZATION

Type of Credit Card: _____ **Visa** _____ **Master Card**

_____ **American Express** _____ **Discover**

Account Number : _____

Expiration Date: _____ **DVV Number :** _____

Name As It Appears On Card: _____

Customer Name: _____

Billing Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

I, _____, do hereby confirm and authorize Miami Postal Pack & Ship to charge my credit card for the following services:

_____

_____

_____

_____ _____

Customer Signature **Date**