Credit Card Authorization

(This form is required prior to running a customer's credit card number.)

Name as it appears on the Credit Card:

_____

Billing Address for the Credit Card:

_____

_____

_____

Customer Phone Number: _____

Credit Card Type: Amex VISA MasterCard Discover

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

Date of Transaction: _____ Amount of Transaction: _____

I hereby agree to pay the amount of the transaction above and authorize The UPS Store located at 194 Golfview Drive, Monaca, PA 15061 to charge my credit card for that amount.

_____
Signature of Cardholder

Fax Number is 724-774-0503

Or Email: store5820@theupstore.com