



# CREDIT CARD AUTHORIZATION FORM

CLIENT MUST COMPLETE THIS FORM AND RETURN TO MR SHIP IT LTD WITH THEIR ID FOR PROCESSING.

Authorized Name: \_\_\_\_\_

Payment Card Type:            Visa Card\_\_\_            MasterCard\_\_\_    American Express \_\_\_

Name on Credit Card: \_\_\_\_\_

Company: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CID# \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cellular: \_\_\_\_\_

INVOICE NUMBER(S): \_\_\_\_\_

Total amount in figures \$\_\_\_\_\_ Total amount in words \_\_\_\_\_

**Disclaimer: By signing this form, the client has authorized Mr Ship It Ltd to charged their credit card for the above amount. The client also agrees to pay the said amount in accordance with their card holders agreement with issuing bank.**

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADMINISTRATION  
P.O. Box 5519588  
TEL: (242) 328-7444  
FAX: (242) 328-7442

120B MACKEY STREET  
(NEXT TO RBC ROYAL BANK)  
TEL: (242) 328-7447  
FAX: (242) 323-0496

135 CARMICHAEL ROAD WEST  
WEST AVENUE PLAZA  
TEL: (242) 361-7447  
TEL: (242) 361-7448