



# CITYMAIL INC

77 WALNUT STREET  
UNIT 11  
PEABODY, MA 01960

Citymail Inc Use Only #	
Job	#
Postage	\$
Service	\$

## CREDIT CARD AUTHORIZATION FORM

CLIENT \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE CHECK ONE: AMEX  MASTERCARD  VISA  DISCOVER

- Please check that all information is legible so as not to delay processing.
- CITYMAIL INC allows clients to pay via charge card as a convenience. Postage is considered a cash transaction. Since credit card companies add a small service charge to this type of transaction, we must apply that charge to your invoice.
- Please allow 2 to 3 days for credit card companies to deposit funds.
- Any invoices associated with this transaction that are 60 days from the invoice date may be charged to this credit card. Late invoices will have finance charges added.
- Clients should be aware that some bank card companies' fees are higher on consumer accounts and trans-actions under \$200.00. Late invoices will have finance charges added.

MC/VISA 3.5% DISCOVER 3.5% AMEX 3.5%

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CCV CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

\*NAME ON CARD \_\_\_\_\_

PLEASE PRINT AS IT APPEARS ON CREDIT CARD

\*BILLING ADDRESS \_\_\_\_\_

REQUIRED FOR VERIFICATION OF CARDHOLDER

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*The authorized signer attests that all information supplied is true and that the signer understands the contents of this form.*

PHONE (978) 587-2051 ● FAX (833) 288-7580 ● [info@citymailusa.com](mailto:info@citymailusa.com)