

CITYMAIL INC
 100 CONDOR STREET
 BOSTON MA 02128
 PHONE 617-561-0880
 FAX 617-561-7631
 info@citymailusa.com



Citymail Inc USE ONLY #101

Job	#
Postage	\$
Service	\$

CREDIT CARD AUTHORIZATION FORM

CLIENT _____

CONTACT _____ **PHONE#** _____

PLEASE CHECK ONE:

AMEX _____ **MC** _____ **VISA** _____ **DISCOVER** _____

NOTE: Please check that all information is legible so not to delay processing. CITYMAIL INC allows clients to pay via charge card as a convenience. Since the 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 maybe charged to this credit card. The authorized signer attests that all information supplied are true and that the signer understands the contents of this form. Clients should be aware that some bank card companies' fees are higher on consumer accounts and transactions under \$200.00. Late invoice will have finance charges added.

MC/VISA 3.25% DISCOVER 2.25% AMEX 3.25%

CARD# _____ **CODE#** _____
3-digit on back of the card

EXPIRATION DATE _____ **PHONE:** _____ **FAX** _____

*** NAME ON CARD** _____
PLEASE PRINT AS IT APPEARS ON THE CREDIT CARD

*** ADDRESS** _____
REQUIRED FOR VERIFICATION OF CARDHOLDER

CITY _____ **ST** _____ ***ZIP CODE** _____

AUTHORIZED SIGNATURE _____

*** MUST BE THE ACTUAL NAME, ADDRESS AND ZIP CODE AS ON THE CREDIT CARD BILL**