



Credit Card Authorization

1-800-735-7905

ORDER/COMPANY NAME: _____

Payment for: Delivery - Tracking number(s): _____

Invoice - Invoice number(s): _____

CREDIT CARD TYPE Visa MasterCard Discover American Express

Credit Card# _____ Expiration Date: ____ / ____

CVC Code (3 or 4 digits): _____ For security, please call us (858) 268-8300 with this number

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

EMAIL: _____ (Electronic receipt will be e-mailed)

Dollar Amount: \$ _____ (U.S. Dollars)

One-time authorization only (this information will be destroyed immediately after processing)

Please keep this credit card information on account for future automated billing

I hereby authorize NorthStar Courier to charge this dollar amount to the above referenced card.

Note: Any extra services performed which were not represented in original quote, will be due and the credit card will be charged.

X _____
Client Signature (Authorized signer on account)

Date

Printed Name

Phone #

FAX TO: 619-330-4827, or email contactus@northstarcourier.net