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| CREDIT CARD INFORMATION |
| Customer Name: |
| Credit Card Type (circle one): Visa Master Card American Express Discover |
| Credit Card Number: EXP: SEC CODE: Z/ CODE: |
| Name as it appears on Credit Card: |
| Payment Amount (US Dollars): $ (+ 5% credit card fee) |
| Signature: |
| CREDIT CARD BILLING ADDRESS |
| Street Address: |
| City: |
| State: | Zip/Postal Code: | Country: |
| Phone Number: | Fax Number: |

I agree to pay the total amount as entered above according to the card issuer agreement. I hereby authorize Valley Courier Xpress or its subsidiaries to charge the above credit card for this amount. I agree to be bound by Valley Courier Xpress’ terms of use and instructions for this transaction. I also agree that the above named person is responsible for 100% of the fee in the event the service is cancelled or the merchandise is returned.