

Credit Card Authorization Form

PLEASE COMPLETE THIS FORM IN LEGIBLE, ALL-CAPITAL LETTERS

CARDHOLDER:

I hereby request & authorize MailDepo, Ltd. to make charges specified below to the credit card listed for Services rendered. I have enclosed a copy of my driver's licenses and a copy of the credit card, both front and back.

Name(s) as it appears on Credit Card

Services Rendered

Terms

Credit Card Number

Expiration Date

CVV2

Credit Card Type: American Express

VISA

MasterCard

Discover

Card Holder Name

Telephone Number

Billing Address, including City, State and Postal Zip Code (as it appears on the cardholder's statement)

\$ _____
Authorized Amount

I, _____ (the cardholder), accept full responsibility for charge-backs, disputes and other non-payments by the credit card holder, and credit card company or issuing bank. I authorize MailDepo, Ltd. to debit my card for the "Authorized Amount". Charges to my credit card can and may appear as many separate types of charges. So I do not expect to be surprised to see separate charges. I understand that any and all disputes will ultimately be resolved under the Fair Billing Credit Act. In the event of a dispute, I accept full responsibility for any and all legal costs arising from MailDepo, Ltd.'s attempt to collect this debt. MailDepo, Ltd.'s "Terms & Conditions" apply. I have been informed and completely understand the change and cancellation penalties involved in this transaction.

Signature

Date

