

Card-not-present Credit Card Authorization Form

Card type: _____

Cardholder name: _____

Last 4 digits of Credit Card: _____

Expiration Date of Credit Card: _____

Billing Address

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Shipping Address

Same as Billing Address

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

I, _____, authorize Mailboxes of Iowa City to charge my credit card above for payment of the \$35 pick-up fee as well as any shipping and packaging charges or any other charges incurred.

Signature _____ Date: _____