

# International Parcel Services

14350 60<sup>th</sup> St. North

Clearwater FL. 33760

Ph: (727) 533-8178 Fax: (267) 295-8699

Email: Info@ipsparcel.com

## Credit Card Letter of Authorization

I \_\_\_\_\_(Name on the Card) authorize

International Parcel Services Inc. to charge my credit card:

\_\_\_\_\_ (Visa, Master Card, Discover/Novus)

\_\_\_\_\_ (Card Number)

\_\_\_\_\_ (Expiration date)

\_\_\_\_\_ (CVV Number on back of the Card)

\_\_\_\_\_ (Bank phone number on back of the Card)

Billing Address of the Credit Card:

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for shipping related fees of my packages. This authorization letter is valid for all my future shipments.

Should the weight and volume exceed the original estimate I authorize the charges to be amended accordingly.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Fax to: 267-295-8699

### **Important Note:**

If your Credit Card Billing address is different than your Shipping Address, we will also need a copy of your credit card, front and back, a copy of one photo I.D. (Passport or drivers license).