



Credit Card Payment Form

Please complete and fax to (410) 528-1960.

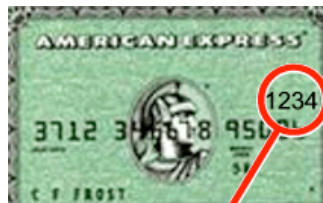
Company Name _____

Phone Number _____ e-mail: _____

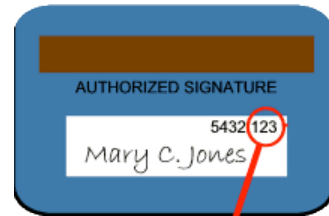
Name on Card _____

Billing Address for Card _____

CVV2 Number _____



CVV2 Number



CVV2 Number

Card Number _____

Exp Date (mm/yy) _____

Authorization to bill account:

I authorize Expedited Courier to bill my credit card through PAY
PAL for courier services in the amount of \$ _____

Signed _____ Date _____