



CREDIT CARD AUTHORIZATION FORM

Instructions: Please complete and sign this form. If you wish to fax it, our number is (203) 315-0429. For confidentiality purpose, if you prefer not to enter the complete number, please omit the last four digits of your credit card number (below) and follow-up with a phone call so we can complete the paperwork.

Company Name: _____

Phone Number : _____

I, _____ hereby authorize PeriShip to charge my credit card for the weekly invoices resulting from my shipping activities. I understand that invoices/s showing a paid status will be sent to me right after processing.

Credit Card Type (please check one): Visa Mastercard Discover

Credit Card Number: _____

Expiration Date: _____ Security Code (CVC): _____

Credit Card Billing Address: _____

Please check here and initial if you would like to pay your weekly invoices by credit card:

Yes _____  No

Signing this agreement indicates your acknowledgement of our payment terms as indicated in the PeriShip Service Agreement and assumes full responsibility for any charges declined by the credit card provider. Also, you assume the responsibility to immediately communicate to PeriShip any change regarding the credit card information you have on file with us.

Signature: _____



Name: _____

Date: _____