



Lex Pack & Ship

Credit Card Authorization Form

Please complete this form and return @ info@LexPackandShip.com or
fax 212-288-4826.

All information will remain confidential.

Cardholder Name: _____

Credit Card Type: Visa Mastercard AMEX Discover

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

I authorize Lex Pack and Ship to charge the agreed amount to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print, Sign, and Date

Signed: _____

Print Name: _____

Date: _____

