



CREDIT CARD AUTHORIZATION

I authorize Super Parcel Express services to charge my credit card indicated in this authorization form. This payment is for one time shipping and handling fee(s), a service provided by Super Parcel Express Services. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the agreed terms. I agree that this card will be charged for the difference if the carrier has adjusted the measurements of the package(s).

CWB No. _____

Credit Card Information (\$20 minimum for each credit card transaction)

Type of Card: VISA MASTERCARD DISCOVER

Card Number: _____

Name of Cardholder: _____

Expiration Date: _____ / _____ (mm/yy)

Security Code (The last 3 digits displayed on the back of the card): _____

Billing Zip code: _____

Contact Information

Contact Name: _____ Tel: _____

Send Receipt to Email: _____

✓ _____
Authorized Signature

✓ _____
Date

Please complete this authorization form and return via

FAX: 626-969-7739 or E-mail: cs@spexcourier.com

Questions? Call us at service hotline 1-626-691-2940 or toll free 1-855-7739-669 (SPEX-NOW)