

CREDIT CARD AUTHORIZATION

I(NAME)	hereby authorize total char	ges of \$ be charged to
my credit card #	(CARD NUMBER)	Expiry
by Global Pack N Ship P VISA OR MASTER	lus INC. for services rendered.	CVV #(3 digits on back of card)
WasterCard VISA Registered address for care	rd being used	Name of Card holder
		Signature of cardholder
		I agree to pay above total, as per cardholder or merchant agreement.