

University Postal, LLC
1718 E. Speedway Blvd
Tucson, Arizona 85719
520-323-2162 phone
520-323-2360 fax



CREDIT CARD AUTHORIZATION FORM
(fill out and fax to 520-323-2360)

I, _____, hereby authorize University Postal, LLC to make charges in the amount of \$_____ (up to a specified limit) to my credit card in consideration for shipping services and products as requested by me or any authorized users of this credit card. I hereby designate as authorized users of the card the following persons to make charges on said card for any shipping services or needed products in the event that I am unable to personally do so (**if none state "None"**):

1. _____ 2. _____

No other persons are authorized to make charges on said account without my express authorization. In the event any of the above named persons make unauthorized charges against this card, I hereby agree to indemnify and hold blameless University Postal, LLC, for any and all such charges, claims and liability related hereto. I agree to immediately notify University Postal, LLC of any changes to the identity of **Authorized Users**.

Credit Card Type: Visa _____ MasterCard _____ Discover _____

Credit Card Number: _____ Expiration Date: _____ CVV # _____

Billing Name(as it appears on credit card) _____

Billing Address(where credit card statements are sent): _____

Daytime Telephone number: _____

Cardholder Signature: _____

Date: _____