

CREDIT CARD AUTHORIZATION

Card Type: Visa MC AMEX Discover

Card Number:	Expiration Date:	
CVV:		
Name:		
Company Name:		
Billing Address:		
City:	State:	Zip Code:
Phone:	Country:	
Email:		
Shipspry Reference Nu	ımber:	
Invoice Amount*:		
*A 3.5% Convenience	Fee, minimum \$35,	will be assessed for domestic
credit cards. A 5% Con	venience Fee, minir	mum \$50, will be assessed for
international credit ca	rds.	
I authorize SHIPSPRY L applicable Convenience		edit card as noted above, plus
Customer Signature		Date