



307 Milburn Ave
Lyndhurst, NJ 07071
1-877-SHIP UDS

CREDIT CARD AUTHORIZATION FORM

I/We, _____ (name as it appears on card) authorize Ultimate Courier to charge my credit card.

Visa **Master Card** **American Express** **Discover**

Credit Card Number: _____ Exp: _____ CVC Code _____

In the amount of: \$ _____ for delivery services. The billing address for my credit card is

(Street address, city and zip code required)

Please select one:

I am authorizing the use of my credit card for a one time charge.

I would like this credit card to be my payment method for future invoices.

Signature: _____ **Date:** _____

Please print and complete the form and fax to 201-896-8277. Contact Customer service at 1 877 744 7837 for any questions.

Please include a copy of front and back of the credit card to be charged. Signature and billing address must match authorized credit card holder.