

# Credit Card Payments

## AUTHORIZATION FORM

PLEASE PRINT FORM AND  
WRITE IN BLOCK LETTERS

EZONE ACCOUNT     PO BOX ACCOUNT

NAME:

ACCOUNT #:

DELIVERY  
AREA (ROUTE):

DELIVERY  
ADDRESS:

TEL:

FAX:

MOBILE:

CREDIT CARD #:

TYPE:

ISSUING BANK:

EXP:

I \_\_\_\_\_, authorize  
**EZONE** to make deductions from the above Credit Card Account, process my debited Credit Card slips unsigned and apply such deductions to invoices for courier services performed - mail / packages and subscription fees.

I hereby acknowledge that my use of this facility is subject to the terms and conditions as set out at the back of this form.

CUSTOMER'S  
SIGNATURE:

ID #:

DATE:

PASSPORT     DRIVER'S PERMIT     NATIONAL ID

CREDIT CARD  
SEEN BY:

DATE:

FINANCE  
DEPT:

DATE: