



The UPS Store™

Credit Card / Room Charge Authorization Form

Sender's Name: _____ Phone: _____

Company Name: _____ Total # of Packages: _____

E-mail Address (Mandatory to receive tracking & receipt): _____

Package(s): Already have UPS/Fedex labels Need to be processed for shipping

SHIPPING INFORMATION:

Company Name: _____

Attn: _____ Ph: _____

Address: _____

City, State & Zip Code: _____

Shipping Speed: Next Day 2 Day 3 Day Ground

Insurance Needed (Select 'yes' if valued over \$100): NO YES If yes, value amount/details of which package (s) need insurance if multiple packages are being shipped \$: _____

BILLING INFORMATION:

Please select **ONE** of the following billing options:

Bill to Guest Room:

Guest Room #: _____

Name on Room: _____

---OR---

Bill to Credit Card:

Credit Card number: _____ Exp. Date: _____

Credit Card Type: ___ Visa ___ MC ___ Amex ___ Other

Billing Zip Code: _____

I authorize The UPS Store to charge my credit card/guest room for package services described above:

Cardholder Signature: _____

Date: _____