

TEMP CARE AGENCY
MAILBOX LAND O LINE
MAILBOX RENTALS | NOTARY | FINGERPRINTING

CREDIT CARD AUTHORIZATION

Email Address: tempcareagency@gmail.com

Fax: (310) 684-1479

Dear Customers:

To process your payment using your credit/debit card, we request that the following information be faxed or emailed to us, using the information above, if you are unable to come into the store to sign up. This information is to verify your credit/debit card information that will be used to deduct your monthly mailbox fee or any other services that you request regarding mailbox rentals, scanning, emailing, and sending. This information will be held on file in a safe and secure manner. Thank you for your cooperation.

Credit/Debit Card Type: (Circle One Please): **AMEX / MASTERCARD / VISA / DISCOVER**

CARD NUMBER: _____

EXPIRATION DATE: MM: _____ DATE: _____ YR: _____

CREDIT CARD CO. 800 PHONE #
(SEE BACK OF CARD) _____

CARD HOLDER NAME: _____

CARD HOLDER'S ADDRESS:
(Where statements are mailed) _____

Please Provide A Photocopy Of:

- 1) Driver's License
- 2) Front & Back of Credit/Debit Card

I AUTHORIZE "Temp Care Agency" Mailbox Land O Line TO CHARGE MY CREDIT/DEBIT CARD FOR SERVICE(S) RENDERED AND/OR PRODUCT(S) PURCHASED.

Amount (if applicable) \$ _____

Date(mm/dd/yyyy) _____
CARD HOLDER'S SIGNATURE

PRINT CARD HOLDER'S NAME