Neighborhood Parcel
262 Middlesex St Lowell MA 01852
Tel 978-851-0199 Fax 978-851-0531

CREDIT CARD AUTHORIZATION FORM

THIS PAYMENT FOR NEIGHBORHOOD PARCEL SERVICES

Customer Name:	_____ *Last Name* *First* *Middle*	**Today's Date:**	/ /
Card Holder's Name: *(As it appears on the card)*		**Start Date:**	
Credit Card Number:			
Billing Address where the card is issued:			
Three Digit Security code on the back of your card:			
Expiration Date:			
❒ VISA ❒ MASTERCARD ❒ American Express ❒ Discover			

I, _____, give authorization to Neighborhood Parcel to charge my credit card account given above for the following payments.

Please write the payment amount below

Description	Cost Estimates	Amount
Freight Shipping: Crates & Containers		$
Freight Packaging and Crating		$
Document Shredding (Off –Site)		$
International Shipping: FedEx | DHL | EMS		$
Luggage & Golf Clubs Shipping		$
Mailbox Rental | Mail Forwarding		$
TOTAL AMOUNT:		$

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer. I also authorize Neighborhood Parcel to charge my credit card for future purchases verbally approved by me. In the event the issuer of my credit card cancels the charges or otherwise fails to pay Neighborhood Parcel the amount due, I shall be liable for the amount due as well as all reasonable costs and expenses.

Cardholder's Signature: X_____

PLEASE SIGN AND FAX THIS FORM TO +1 978-851-0531
OR Scan and email to: service@Neighborhoodparcel.com