

# CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY  
FAX: (702) 324-9618 OR BY EMAIL: MAIL4U@COX.NET.

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Amount Charged: \$ \_\_\_\_\_ (USD)

Attach a photocopy of cardholders Driver License *FAX or send the authorization/photocopy to:*

## Mail For You, Inc.

8635 W Sahara Ave  
Las Vegas NV 89117 USA

Email: [Mail4u@cox.net](mailto:Mail4u@cox.net)

Phone(702)363-4433

Fax(702)254-0291