

Shore Business Center

BOX # _____

5318 E 2nd St
Long Beach, CA 90803
ph 562-987-4777 fax 562-987-4778
ShoreBizCenter@gmail.com

Sign and complete this form to authorize **Shore Business Center** to make a debit to your credit card listed below.

Please complete the information below:

I _____ authorize **Mail Boxes Etc./Shore Business Center** to charge my credit card
(full name)

- Packaging & Shipping Service
- Mailbox Payment
- Mail Forwarding/Address
- _____

Billing address of credit card _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2# (3 digit number on back of Visa/MC), CID#(4 digit number on front of AMEX) _____

SIGNATURE of cardholder _____

DATE _____