



Credit Card Letter of Authorization

-Phone#: 877.547.7568 -Fax to: 858.348.4109	This letter authorizes Same Day Express Delivery, Inc. to charge the credit card listed below for the Sales Order or Invoice.		
Card Holder Name:			
Company Name:			
Telephone:			
Credit card Billing Street Address:			
City, State and Zip:			
Credit Card Type:	Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number:	_____		
Expiration Date:	_____		
Cid #:	<div style="text-align: center;"> <p>Visa, MasterCard Cards</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 100px; height: 40px; margin-right: 10px;"></div> <div style="text-align: center;">  <p>CVV2 Num</p> </div> </div> <div style="margin-top: 10px; text-align: center;">  <p>CVV2 Num</p> <p>AMEX Cards</p> </div> </div>		
Cardholder Signature:	X _____ Date: _____		