

## Credit Card Authorization



# CITY BUSINESS SHIPPING

*Which DTLA location are you working with?*

- |   |              |
|---|--------------|
| <input type="checkbox"/> 225 East 9th Street          | 213-612-4949 |
| <input type="checkbox"/> 308 South Los Angeles Street | 213-622-2426 |
| <input type="checkbox"/> 967 East 12th Street         | 213-239-8877 |
| <input type="checkbox"/> 1147 South San Pedro Street  | 323-831-2022 |

### Client Information

Client Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Card Information

Name of Card Holder: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

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

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

Verification Code: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization of Cardholder

*As the credit card holder, I authorize CITY BUSINESS SHIPPING to charge my credit card for this transaction.*

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

Date: \_\_\_\_\_