



CREDIT CARD AUTHORIZATION FORM

Download and complete the Credit Card Authorization Form.
Once complete, please scan it back to logistics@mitchellsNY.com or fax it back to 646-354-2044.

Customer Name:

Credit Card Number:

Expiration Date:

Security Code:

Billing Address:

Suite:

City, State, Zip:

Phone Number:

Email Address:

Invoice Number(s):

Recurring Charges:

Yes

No

Amount to be Charged:

\$

I, _____ authorize Mitchell'sNY Logistics to charge my credit card
(YOUR NAME - PRINTED)

for the above amount or weekly / monthly charges if applicable.

Signed _____
(YOUR SIGNATURE)

Date: _____