

The UPS Store®

644 Greenville Ave Staunton, VA 24401 540.885.6245 Tel Astrickler0220@theupsstore.com

Dear Customer,

SHIP TO:

We appreciate you taking the time to fill these two forms out! This first page is to make sure mistakes are to a minimum while the second page is our Credit Card Authorization form. We <u>do not</u> take credit card payments over the phone. This is all done for the security of your transaction for both of us.

Due to the volume of packages going out every day, we are not able to provide you with any quote. We cannot go and check any lot numbers for estimates, however, if you know the weight, length/width/height (in inches), value and zip code we are more than happy to provide you a rough quote/estimate if you give us a call at the store. After the item(s) are packed & shipped we will send you an email with the UPS tracking number(s) & the breakdown of the charges to your credit card.

	(Apt/Suite/Unit)		
Phone Numb	er:		
Email:			
	nount:rance is covered up to \$100, no extra cl	 narge. Every \$100	0 after is \$5.00 per \$100)
UPS Service:	(Please circle one)		
UPS Grour	nd UPS 3Dav Select UI	PS 2 <sup>nd</sup> Dav Air	UPS Next Dav Air

**PLEASE NOTE:** If you request a hold on the package, there will be a Packaging Holding Fee of \$5.00/day/package after the item(s) have been packed and are ready for shipping.



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## **SIGNATURE FORM & AUTHORIZATION**

This form is required for identification purposes and for the security of your transaction. Once completed, please either Fax or Scan/Email back to:

THE UPS STORE #0220 Fax # 540-885-2227

OR

astrickler0220@theupsstore.com

## **CREDIT/DEBIT CARD AUTHORIZATION**

Please make this my Credit/Debit card account of record

- o Visa
- Master Card

<ul> <li>Discover</li> </ul>
<ul> <li>American Express</li> </ul>
16 Digit Embossed Number:
Expiration Date: / (MM/YY)  CVC/CVV Code OR for AMEX (3-digit code printed after the credit card number on the back of your card OR 4-digit code printed on the front of your American Express credit card)
First Name: Last Name:
Credit Card Billing Address:
City: State: Zip:
<ul> <li>By providing my Credit/Debit Card information, I hereby take complete responsibility for The UPS Store to charge my account for the services that I need completed.</li> <li>PLEASE ATTACH A PHOTOCOPY OF YOUR CREDIT CARD.</li> </ul>
I have read and agreed to the following terms and conditions:
- I confirm that the information I have submitted is complete and accurate.
Signature: Date: