



11918 SE Division Street

Portland OR 97266

503-762-2130

503-762-2146 – fax or ship@pdxmailroomplus.com

Authorization to Charge Credit Card Agreement

Date _____

I, _____, authorize Mail Room Plus to
(Printed Name)

charge my Credit Card for processing, opening, and maintaining a Private Mail Box at:

11918 SE Division Street, Portland, Oregon 97266

Signed _____

Credit Card # _____

Credit Card Expiration Date _____

3 Digit Code on Back _____

Name on Credit Card _____

Address for Credit Card Bill _____

City, State and Zip Code _____

Telephone Number _____

Email Address: _____