ShipRite
SERVICES, INC.

2026 SHIPRITE CONFERENCE

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Fax to 315-733-0036   or email to: info@shipritesoftware.com

Credit Card Information

Card Type: ☐ MasterCard   ☐ VISA   ☐ Discover   ☐ AMEX

☐ Other _____

PHONE:_____   EMAIL:_____

Store Name:_____   City/State:_____

Card Holder Name:_____   Amount Authorized:_____

CARD Number: _____   CVV2 Security Code:_____

Exp Date: _____   Billing Zip Code: _____

AMOUNT AUTHORIZED: $____200.00_____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____   _____
Customer Signature   Date

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