

# Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

Cardholder Name: Scott N Sidler

Billing Address: 1716 S Santa Fe, Santa Ana CA 92705

Credit Card Type:  Visa  Mastercard  Discover  AmEx

Credit Card Number: 4259072052794772

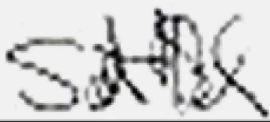
Expiration Date: 04/26

Card Identification Number (last 3 digits located on the back of the credit card): 317

Amount to Charge: \$ 625.34 (USD)

I authorize The UPS Store #1896 to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: 

Dated: 06/07/2023

Name: Scott N Sidler

**Once signed return the completed form to:**

**The UPS Store #1896**

**2415 San Pablo Dam Road Ste.106**

**San Pablo, CA 94806**

**or scan and email to [store1896@theupsstore.com](mailto:store1896@theupsstore.com)**