

Pre Authorized Payment

Sign and complete this authorization form to authorize **Sameday Express Inc.** to charge on your credit card based on your Order:

Please Fill Up Form:

Account No :

Business name :

A/C Holder Name :

Billing Address :

Card Info

Card Type : VISA Master

Card Number :

Expiry :

CCV/CCV2 : (3 Digit Code back of the card)

Order or Invoice No :

Amount :

Tax :

Total Amount

I authorize Sameday Express Inc. to charge on this credit card indicated on this authorization form at the end of my billing cycle . I certify that I am an authorized user of this credit card .

Signature :

Date :