

CREDIT CARD PAYMENT FORM

All Counties Courier offers a convenient way for our customers to eliminate the hassle of processing checks and paying postage fees to pay for our invoices. To take advantage of our AutoPay program, simply check one of the options listed below and supply your credit card information where indicated.

AutoPay Option. I would like to automatically pay my ACC invoices using the credit card information below. I understand that my credit card will automatically be charged three (3) days after the ACC billing cycle ends, which is the 15th and last day of each month. I understand that I may cancel this AutoPay Option at any time.




Please pay the following specific invoices with the credit card listed below.

Invoice # _____ Invoice Amount \$ _____
 Invoice # _____ Invoice Amount \$ _____
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 Invoice # _____ Invoice Amount \$ _____
 Invoice # _____ Invoice Amount \$ _____
 Invoice # _____ Invoice Amount \$ _____

▶ CUSTOMER INFORMATION (Please print)

Company Name: _____ Account #: _____
 Address: _____
 City: _____ Phone #: (_____) _____
 Contact Person: _____
 Title: _____
 Phone: _____ Fax: _____

▶ PAYMENT METHOD

Payment Amount \$ _____ Check *(Please make check payable to All Counties Courier.)*
 Visa  MasterCard  Discover  American Express 
 Card # _____ Expiration Date _____
 Cardholder Name _____
(print name as it appears on card)
 Authorized Signature _____

WE APPRECIATE YOUR BUSINESS. PLEASE MAIL OR FAX COMPLETED FORM TO:

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