



Please deliver the following facsimile message

From: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Fax#: \_\_\_\_\_

To: \_\_\_\_\_

Direct Mail Center  
Fax: 415-252-9100

Number of page(s): 1 (incl. this cover letter)

Job Descr.: \_\_\_\_\_

Direct Mail Center accepts payment of invoice and/or postage by Visa, Master Card or American Express credit card. This is to save you time, messenger fees, etc... To proceed with the charge of your account, fill up the bottom of this form and fax it back to us at (415) 252-9100.

**Please Note: a 4.0% convenience fee will be charged by, and paid directly to the credit card processing vendor. This fee is not a revenue to Direct Mail Center.**

To Direct Mail Center Accounting Department:

I, \_\_\_\_\_, approve the payment of

\$ \_\_\_\_\_ + 4.0% processing fee x (\$ \_\_\_\_\_) = TOTAL \$ \_\_\_\_\_

charged on: ( ) Visa card ( ) Master Card ( ) American Express

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_

Security code #: \_\_\_\_\_ (3 digits on back of Visa or M/C or 4 digits on front of AmEx card)

Name on card: \_\_\_\_\_

Address of card holder: \_\_\_\_\_ Zip code: \_\_\_\_\_

for the ( ) postage, ( ) invoice, ( ) job prepayment to Direct Mail Center. I agree to pay for the invoice and/or postage PLUS a non-refundable Direct Mail Center processing fee.

I would like Direct Mail Center to keep this credit card on file for future payment of

Invoice: \_\_\_Yes \_\_\_No and/or Postage: \_\_\_Yes \_\_\_No

Sign: \_\_\_\_\_ Today's date: \_\_\_\_\_

Title: \_\_\_\_\_