

## HCO Parcel Management Credit Card Authorization Shipment Form

## Instructions

Sender's Information:

Ship to this Address:

Yes

or

No

It is essential that we protect the security of our customer's credit card data and personal information. This includes the processing, handling and storing of a customer's credit card, credit card data and/or receipt. The use of the Credit Card Authorization Form (CCAF) is restricted to Parcel Management locations only and the transaction must be completed (tendered in OTP/FPOS) immediately after the pickup or delivery has occurred and the credit card information must be disposed of in the Iron Mountain shredding bin. Under no circumstances should credit card data be temporarily or permanently retained within the Business Center and FedEx Office cannot accept credit card data via email or fax transmittal.

Name:

Recipeint's Information:

Name:									
				Address:					
Address:									
				City:				Stat	e:
City:		State:							
_	T			Zip Code:	:	Ph	one Numb	er:	
Zip Code: Phone Number:				Email Add	-l				
Email Address:				Email Add	aress:				
Linaii Address.									
				Signature Required: Yes or No					
Delivery Options:			Г						
Overnight (Next Business Day): 2 Day:			AM	AM PM Ground/Home Deliv				Delivery	
First Priority Overnight <b>Express Saver</b> (3 Bus. Day) Declared Value:									
DETACH AND SHRED IMMEDIATELY AFTER THE TRANSACTION IS TENDERED									
FedEx Account #				Fedex Office Account #					
Name on Credit Card/ Account Holder:				Credit C	ard Type	:			
				Visa		aster Card			Discover
				Expiration	on Date	Security (	Code Billing	g Zip Co	ode:
Credit Card Number :				Account Holder Signature :					