



I, \_\_\_\_\_ give Excalibur International Courier, Inc.  
permission to charge my

(Circle one)            American Express            Master Card            Visa Card

Name on Credit Card \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Billing address of credit card used:

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By signing this, you understand that this amount will be charged on your credit card today and the  
these fees are non-refundable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DBA: \_\_\_\_\_

Account Officer: \_\_\_\_\_

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

Please fax credit card form back to 310.568.1604. If you have any questions, please call 310.568.1000

**235 S Glasgow Avenue Inglewood CA 90301**