

POSTAGE DEPOSIT

Credit Card Authorization Form

Company Name: _____

DBI File/Account No. (optional): _____ PMB or Suite Number: _____

You are receiving this payment authorization because you have subscribed to one of DBI's mail forwarding services. If you have any questions, please contact our office at 1-800-423-2993 or 302-996-5819 or send an email to support@dbiglobal.com.

Postage Deposit: I wish for DBI to forward my mail by as follows:

- Forward by United States Postal Service (USPS)
 Scan preview the outer envelope and email
 Scan contents of mail (49 cents per page)
 Forward using UPS, Fedex or DHL courier. Use account number: _____

I understand that I will need to replenish the deposit periodically to avoid mail forwarding delays. I understand that the deposit is non-refundable.

I wish to deposit the amount of: \$25 \$50 \$75 \$100

I authorize DBI to automatically charge my credit card the amount above each time my deposit drops to \$10.00 or less.

Special Instructions: _____

CREDIT CARD AUTHORIZATION:

I HEREBY AUTHORIZE DELAWARE BUSINESS INCORPORATORS, INC. (DBI) TO CHARGE MY CREDIT CARD FOR THE POSTAGE DEPOSIT AMOUNT INDICATED ABOVE. I FURTHER AUTHORIZE DBI TO MAINTAIN MY CREDIT CARD NUMBER ON ACCOUNT FOR FUTURE POSTAGE DEPOSITS AS NEEDED.

Visa MasterCard American Express Discover

Credit Card Number: _____ Security Code: _____

Cardholder Name: _____ Expiration: _____

Cardholder Signature: X _____



**Delaware Business
Incorporators, Inc.**



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