CREDIT CARD PAYMENT FORM

To: **KES Mail, Inc.**
12616 Chadron Ave
Hawthorne CA 90250-4810

Phone: **(310) 970-8041**
Fax: **(310) 970-8046**

From:

Phone: **( ) -**
Fax: **( ) -**

Payment Information:

Total Charge Amount $_____
Date: _____

☐ Visa ☐ MasterCard ☐ AMX
Name (Print as appears on card) _____
Billing address of card _____
City State Zip _____
Exp Date ____/____
Card#|__||__||__||__||__||__||__||__||__||__||__||__||__||__||__|
*Additional fees apply for postage only.

Authorization Signature _____
(I authorize KES Mail to charge my credit card)