

PAYMENT REMITTANCE AGREEMENT

DATE:
CUSTOMER:
ITEM CHARGED: Package Receiving & Delivery

REMIT TO:

Port Angeles Package Receiving, Inc. 132 Deer Park Road Port Angeles, WA 98362 360-417-1122

Payment Amount: \$

For questions concerning this document call: (360) 417-1122	
Payment is due upon signature. I agre	e to pay this amount: \$
ITEMS TO BE CHARGED FOR:	
Package Receiving Fees	Delivery Fees
	Currency Conversion Fees
	NOTE: Customer is responsible for any bank processing fees.
CREDIT CARD / DEBIT CARD * We accept VISA, MASTERCARD, or Debit Card	25% processing fee added for credit card payments under \$15.00. ALL FUNDS OWED & PAYMENTS PROCESSED ARE IN U.S. FUNDS.
CREDIT / DEBIT CARD #:	EXP DATE:
CARDHOLDER NAME:	CCV CODE:
BILLING ADDRESS:	CITY/ST/ZIP:
Email for Receipt:	
Cardholder Signature:	Todays Date:

* FUTURE DELIVERIES TO BE BILLLED TO SAME CARD

Thank you for your business!