



414 West Soledad
GCIC Building, Suite 500D
Hagatna, Guam 96910
Office: (671) 477-1389 ext. 204
Fax: (671) 477-1077
e-mail: admin@myskyexpress.com

ACCOUNT APPLICATION

Company Name: _____ Date: _____

Physical Address: _____

Billing Address: _____

Phone: _____ Fax: _____

Email: _____

Type of Business: _____

Hours of Operation/Days: _____

Persons Authorized to ship via My Sky Express:

Name:	Title:

Credit Card Authorization	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVV:
Cardholder ZIP Code (from credit card billing address):	

I, _____ authorize My Sky Express to charge the above credit card for agreed upon shipments. I understand that my information will remain on file for future transactions unless otherwise requested to change or cancel by myself or an authorized representative in writing.

Print name: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Received By: _____	Date: _____