



8345 NW 66 ST  
MIAMI FL 33166-2626  
Phone: (305) 406-1696 Fax: (305) 406-2464

**Letter of non-dispute**

I \_\_\_\_\_ authorize USABOX INC  
to charge my credit card \_\_\_\_\_ (Visa, Master Card, American Express)  
number \_\_\_\_\_ expiration date  
\_\_\_\_\_ the total amount of U.S. Dollars \_\_\_\_\_ Regarding  
the forwarding of mail and merchandise.

Enclosed a copy of my credit card front and back and also a copy of my  
passport.

Charges are subject to weight and measure verification. Should the weight and  
volume exceed the original estimate, I authorize the charge be amended  
accordingly.

Signature \_\_\_\_\_

Date \_\_\_\_\_

USABOX, INC. may charge future shipments on my behalf to the above credit  
card \_\_\_\_\_.(initial)