820 Tucker Ct.
Winder, GA 30680
[P] 770.307.3882 [F] 770.307.3872

Credit Card Authorization Form

Company Name: _____

Customer Name: _____

Name as it appears on the credit card: _____

(If different than customer name)

Billing Address for the card: _____

Address

_____

Address

_____

City, State, Zip

We accept:

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

☐ One Time Charge ☐ Multiple Charges

☐ Monthly Charge for _____ months beginning _____

Number of months month/day/year

I understand the above referenced payment or payment schedule for services as defined in the PROFORMA Invoice, verbal or written quote and the policy on refunds for cancellation of services. I agree to pay the above total amount according to the card issuer agreement.

_____ _____

Signature Date

_____

Printed Name

Please complete this form with all information requested and fax to UV SuperStore at the above fax number. No orders can be released without this completed and signed form on file at UV SuperStore.