



**Credit Card
Authorization Form**

UI Supplies, Inc
95 Orville Dr.
Bohemia, NY 11716
U.S.A.

**Fax to: 888-791-9188 or
631-218-3285 (local)**

I, _____, of _____ Cust.# _____

do hereby authorize UI Supplies, Inc. to charge the following card:

Visa MasterCard American Express

Card Number _____ Expiration date: _____

Security ID# (3 digit on back) _____

Name on Card _____ (print)

Bank Name _____

Billing Address (of card holder) _____

Email Address _____

Would you like to receive electronic invoices (when available) ? Yes No

I authorize UI Supplies, Inc to ship my order to the following address:

(must be completed)

I authorize future orders placed by myself or _____
to be charged to this same credit card and shipped to the same address.

UI Supplies reserves the right to charge your credit card for any outstanding balance(s) on your account which are past your agreed upon terms.

Cardholder Signature

Date