



Unified USA, LLC Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS
AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

CC Type: ____ Visa ____ Mastercard ____ Discover ____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits on the back of the credit
card): _____

I authorize **Unified USA, LLC** to charge the agreed to my credit card
provided herein. I agree that I will pay for this purchase in accordance
with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to:

Unified USA, LLC
504 Main Street
Farmington, CT 06032
Fax #: 203-413-2980
Email: support@unifiedusa.com