

UNITED SOLUTIONS

CREDIT CARD AUTHORIZATION FORM

Please fill out the form below and fax to United Solutions at 508-485-3155.

Company Name: _____

Company Address: _____

Billing Address: _____
(if different than company address)

Phone Number: _____

Fax Number: _____

Type of Credit Card: Mastercard VISA American Express

Credit Card Number: _____ - _____ - _____ - _____ CVV _____

Expiration Date: _____ (Month/Year)

Amount: \$ _____

Today's Date: _____

Cardholder's
Signature: _____

Cardholder's
Printed Name: _____

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www.u-s-i.com

INTERNAL USE ONLY

Job Number/Classroom Dates: _____