



# Credit Card Billing Authorization Form

All field of this form must be complete  
before the order can be processed

## CLIENT INFORMATION

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. (optional): \_\_\_\_\_

Company Address: \_\_\_\_\_

## CREDIT CARD INFORMATION

Card Type:                                      Visa                                      Mastercard                                      Discovery                                      Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                                      CCV: \_\_\_\_\_

Cardholder's name as it appears on the card: \_\_\_\_\_

## Cardholder's Billing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Cardholder's Shipping Address (if different to shipping address on RMA form)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize UNIPOWER to charge the above credit card in the amount of \$ \_\_\_\_\_ plus any applicable shipping charges.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

3900 Coral Ridge Drive, Coral Springs, FL 33065 . Tel: 954-346-2442  
www.unipowerco.com