

Credit Card Authorization Form

Please print, fill out, and fax to 1-800-99FAXUV (800-993-2988) or (773) 880-6647.

This form authorizes UV Process Supply, Inc. to charge the card holder's credit card for payment of this confirmed order. Credit Card Authorization forms are secured in the Accounts Receivable Office for your safety.

Bill To Address

Company Name: _____
Address: _____
City: _____ **State/Province:** _____
Postal Code: _____ **Country:** _____
Phone: _____ **Fax:** _____
Email: _____

Credit Card Billing Address

(may be different than Bill To Address above)

NOTE: It is very important that you supply us with the billing address that is on your credit card billing statement. Otherwise, we are not able to obtain the proper authorization for your credit card.

Address: _____
City: _____ **State/Province:** _____
Postal Code: _____ **Country:** _____

Cardholder Name: _____

Cardholder Phone: _____

Credit Card Type: Visa MasterCard American Express

Credit Card Number: _____

Please include the security number as shown to the right: _____

Expiration Date: _____



Signature: _____

Check here if you would like to keep your credit card information and signature on file for future orders.

Ship To Address (if different than Bill To Address)

Company Name: _____
Address: _____
City: _____ **State/Province:** _____
Postal Code: _____ **Country:** _____
Phone: _____ **Fax:** _____

Please return the completed form to UV Process Supply, Inc. Accounts Receivables at:

Fax: (773) 880-6647

Phone: (773) 248-0099