

2830 Merrell Road Dallas, TX 75229 **United States**

Office: 214-630-6100 Fax: 214-631-2247

CREDIT CARD AUTHORIZATION

Customer Name:		Rep:		
ordered credit w be used	d via telephone, facsimile or electrill be issued by United One Sou	tronic mail. I also understan rce, Inc. to my credit card or	eard for payment of merchandise and that if a credit or return situation or I may choose to leave the credit of after receipt of goods and may be	should arise, a n my account to
Compa	ny Name:			
Address:		City:	State:	
		Zip:		
	Mastercard	Account Number:		
	Visa	Date Expires:	CSV Number:	
	Discover Amount to be Charged: \$		\$	
	Am. Express Credit Card to Remain on File			
Name (as appears on card):			
Billing Address (as appears on statement):				
City:	State:_	Zi	ip:	
docume *(pleas	ent and furthermore do hereby a	uthorize United One Source and photo ID) for any purch	rd bearing my signature is a legal ar e, Inc., to charge the above credit ca lases made by me in accordance w	ard number
Guarantor Name (Print):			ate:	
Guarar	ntor Drivers License #:	Si	tate:	
Guarar	tor Signature:			

Please email back to:

customerservice@unitedonesource.com

OR