Customer Credit Card Authorization

Please fax this completed form to Accounting directly at 321-727-3107

Date: _____

United Service Source, Inc. is hereby given authorization by named cardholder to place the following charge against said credit card, for the specific amount stated and for the specific client.

Company: _____

Billing Address: _____

_____

Amount - $54.11

Credit Card Type: (Circle One) ☐ American Express ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Account #: _____

Card Expiration Date: _____

CSV #: _____

Cardholder Name (Print): _____

Cardholder Signature: _____

Cardholder Phone #: _____

Tax Exempt: No _____ Yes _____ *If yes, fax Tax Exemption Certificate to Accounting @ 321-727-3107

For Accounting Use Only

Invoice No. _____