



Customer Credit Card Authorization

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

Date: _____

USSI Global 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. _____