

# CREDIT CARD AUTHORIZATION FORM

Please complete and fax this form directly to our head office for processing at: + 1 (424) 675-3400.

**Yes, I authorize UniNet Imaging Inc. to charge all orders shipped to the address listed on this application to my credit card:**

Credit Card Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Select Type:     Visa     MasterCard     American Express     Discover    Card Security Code\*: \_\_\_\_\_

(\*Enter the 3-digit code printed on back of credit card, or the 4-digit code printed on the front of an American Express card)

## Cardholder Information

Must be filled completely in order to process your order

Name (as it appears on credit card): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

## Company Information

Company Name: \_\_\_\_\_ UniNet Customer ID #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone (Important): \_\_\_\_\_ Fax (Important): \_\_\_\_\_

Ship to Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

I will be purchasing computer, copier, laser parts, and printing supplies from UniNet Imaging Inc. under the business terms published.

**Cardholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE:** All Credit Card Authorization forms must be received by our accounting office during normal business hours no later than 2:00 pm pacific standard time. Forms received after 2:00 pm will be processed on the following business day.

All accounts on net terms are to be paid with company check, money order, bank deposit, or wire transfer. Please note that this type of account will be assessed a 3% convenience fee when paid by credit card at end of term. We will continue accepting credit card payments for pre-paid orders and the convenience fee does not apply.