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Credit Card Authorization Form

unity electric

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US. All information will remain confidential.

Cardholder Name:			
Billing Address:			
Credit Card Type:	Visa	Mastercard	
Credit Card Number:			
Expiration Date:	Month:	Year:	
Card Identification Number (last 3 digits on back):			
Amount to Charge: \$		(CDN) \$5000 MAXIMUM	

As payment for the following Invoice #'s:

I authorize Unity Electric Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Return this completed form via:		
Email to send receipt:		
Name:		
Dated:		
Signed:		
Signadi		

Fax888-545-9512 orEmailinfo@unityelectric.ca