

Credit Card Authorization



Date: _____

In order for Ultradisc to process your order, kindly fill out the credit card authorization form below. This transaction requires a copy of your credit card and driver's license.

Note: Failure to return this form will delay your project.

Client Name: _____

Project Title: _____

Card Holder: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone: _____

I authorize Ultradisc to charge my Visa MC AMEX

Credit Card # _____

Exp. Date _____ / _____ **Security Code** _____

Total: _____

Date to charge: _____ Deposit: \$ _____

Date to charge: _____ Balance: \$ _____

I understand a 10% over/under run and shipping may apply.

Card Holder's Authorized Signature: _____ **Date:** _____

Please fax completed form to (951) 346-9440.

Copy of Credit Card Here

Copy of Driver's License Here