

UNI KRAF CABINETRY
503-622-8897
3424 NW YEON AVE,
PORTLAND OR 97210

Cust. Code: _____

CREDIT CARD AUTHORIZATION FORM

Company Information

LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation, list full corporation name).

Physical Business Street Address (No P.O. Boxes)

City _____ State _____ Zip _____

Business Phone () _____ Fax No. () _____

Credit Card Information

VISA _____ Exp Date: / *CVV#
Credit Card Number m/y

MASTERCARD _____ Exp Date: / *CVV#
Credit Card Number m/y

One Time Charge Only

Save for future use

* 3 digit # on the back of credit card

Name, *exactly* as it appears on your card:

Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).

If this address is not correct, it will delay the shipment of your merchandise.

Street _____ City/State _____ Zip _____

***** **Important** *****

If you are authorizaing payment for another individual's order(s) using your credit card, please use this authorization form. List the names of each individual that you are authorizing to use your credit card as payment for merchandise. All other individuals are restricted from using your credit card for payment.

Authorized User #1: _____

Authorized User #2: _____

Authorized User #3: _____

The undersigned hereby declares that the credit information listed above is true, accurate and belongs to the person as stated and authorization is hereby given to the above named individuals to use this card for purchases from Uni Kraft Cabinetry. Further, I authorize my credit card company to accept and to charge to my account purchases initiated by the above named individuals. This authorization allows Uni Kraft Cabinetry to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.

X _____
Signature of Card Holder

X _____
Print Name Here

X _____
Date Here

Please scan and email back to info@unikraftcabinetry.com