



United Desk

MANUFACTURING, INC.

Setting the Standard for Quality & Innovation

CREDIT CARD AUTHORIZATION FORM

** Please fill out the following information and fax form to (562) 483-7003
or email to accounting@uniteddesk.com **

I, _____, the buyer, hereby authorize United Desk Manufacturing, Inc

To charge my credit card account for the amount of \$_____.

- Company / Organization Name : _____
- My Credit Card is (select one) () Visa () Mastercard () American Express
- Name as it appears on credit card: _____
- Credit Card Number _____
- Expiration Date: ___/___ CVV: _____

Credit Card Billing Address:

Street : _____

City: _____

State / Province: _____

Zip Code / Postal Code: _____

Telephone () _____ - _____

Cardholder's Signature

_____/_____/_____

Date: Month/Day/Year