Universal Window Coverings, Inc.
12139 Science Dr. Ste 101
Orlando, FL 32826
Office: 407-275-1455
Fax: 407-275-6919

CREDIT CARD AUTHORIZATION FORM

1. Date: ___/___/___
2. Company:_____
3. Requested By: _____
4. Credit Card: ☐ MASTER CARD ☐ VISA

   (Circle One) ☐ AMERICAN EXPRESS

   _____ _____ _____ _____ Security Code _____
5. Expiration Date: ___/___
6. Name of Account Holder: _____
7. Billing Address: _____
8. Zip Code:_____

□ One time authorization □ Standard means of payment

Invoices Paid:_____

Total Charged: $_____

9. Signature: _____