



## Credit Card Authorization

I authorize UnifyComm, LLC to charge my credit card:

- ☐ A specific amount of: \$ \_\_\_\_\_
- ☐ Variable amounts based on our invoices to Company name shown below.

Company Name: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

Credit Card Type (Circle One): VISA    MasterCard    AMEX    Discover

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please complete all fields, scan and e-mail back to [payments@unifycomm.com](mailto:payments@unifycomm.com) or fax it to +1 (281) 617-4258.

*Note: All personal and credit information is kept secure and confidential.*