

### Credit Card Authorization Form

Name as it appears on Card \_\_\_\_\_  
Address (Verification) for VISA & MC \_\_\_\_\_  
Address where Statements are Sent \_\_\_\_\_  
Card Number \_\_\_\_\_  
Verification Code \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Description of Transaction \_\_\_\_\_  
Credit Limit per Transaction \_\_\_\_\_  
Customer Code (Government Cards) \_\_\_\_\_

*I authorize the University of Ultrasonics to charge the above mentioned credit card for all applicable charges.*  
Signature of Cardholder \_\_\_\_\_

*If periodic transactions between the University of Ultrasonics and the above party are to be charged to the credit card, please fill-out the following information:*

Goods or Services to be Charged \_\_\_\_\_  
*(No Pre-Payments of Goods or Services are allowable.)*

Estimated Frequency of the Charge \_\_\_\_\_

Dates during which such Charges may be Made \_\_\_\_\_

Monthly Transaction Dollar Limit \_\_\_\_\_

