



16903 Buccaneer Lane, Suite 105, Houston, TX 77058

www.universityofultrasonics.com

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 _____

SEND FORM TO: info@universityofultrasonics.com