



**UNIVERSITY OF  
ULTRASONICS**

16903 Buccaneer Lane, Suite 102, Houston, TX 77058

[www.universityofultrasonics.com](http://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](mailto:info@universityofultrasonics.com)