

# UNITED SOLUTIONS

## CREDIT CARD AUTHORIZATION FORM

Please fill out the form below and fax to United Solutions at 800-466-0045.

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

Company Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(if different than company address)

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

Fax Number: \_\_\_\_\_

Type of Credit Card:  Mastercard  VISA  American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (Month/Year)

Amount: \$ \_\_\_\_\_

Today's Date: \_\_\_\_\_

*I acknowledge that a \$100 cancellation fee will be charged to the above credit card for any class cancellation. I also acknowledge that class fees are non-refundable when cancelled within five (5) business days from the class date.*

Cardholder's  
Signature: \_\_\_\_\_

Cardholder's  
Printed Name: \_\_\_\_\_

UNITED SOLUTIONS, INC.  
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F: 800.466.0045  
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### INTERNAL USE ONLY

Job Number/Classroom Dates: \_\_\_\_\_