



“One stop shop for cabinet & flooring supplies”
Credit Card Processing Form

Signature of Record

(Your name) _____ (Your title) _____

(Company Name) _____ intend to use a

Master Card, Visa or American Express credit card for purchasing from your
Unity General Distributors and authorize you file this information for future
charges on my account as signature on record authorization.

Signed _____ Date _____

Name as it appears on credit card _____

Authorization to use credit card

(Your Name) _____ (Your title) _____

(Company name) _____

authorizes Unity General Distributors, Inc. to charge the total amount of

\$ _____ to my Visa, Master Card or American Express

Number _____ CV2# _____

Expiration date (mo. /yr.) _____ I acknowledge that I have

ordered merchandise in the total amount shown above and agree to the total

amount in accordance with terms of the credit card issue agreement.

Signature _____

Date _____

Address _____ Zip _____

Phone _____

**Please Fax to (786)-230-8422 and send copy of Credit Card & Driver’s
License Attached in the e-mail.**