



UV Superstore, Inc.  
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Credit Card Authorization Form

**Please complete this form with all information requested and return to UV Superstore. No orders can be released without this completed and signed form on file.**

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

Customer Name: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

(If different than customer name)

Billing Address for the card: \_\_\_\_\_

Address

Address

City, State, Zip

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

I understand the payment schedule for services as defined in the proforma invoice, verbal or written quote and the policy on refunds for cancellation of services. I agree to pay the total amount according to the card issuer agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_



*One Source for all Your UV Needs!!!*