



**United Communications Corporation**

**Bank References:**

**\*\*REQUIRED FOR NET TERMS\*\***

Bank Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_      Checking      Savings

Account Number: \_\_\_\_\_      Checking      Savings

Do you have Loans or Lines of Credit?      Yes      No

If so, what type & amount available? \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

(Signature needed for release of credit information)

**Billing address: United Communications Corp**  
**P.O. Box 26048**  
**Little Rock, AR 72221**  
**501-537-4668      Telephone**  
**501-537-2494      Fax**

**Sales and Repair office United Communications Corp**  
**62 Jason Court**  
**St. Charles, MO 63304**  
**888-763-7550      Telephone**  
**888-763-7549      Fax**

# United Communications Corporation

## Credit Card Authorization Form

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

Name as on Card \_\_\_\_\_

Card # \_\_\_\_\_

Verification Number (3 digits for Visa/MC 4 Digits AMEX) \_\_\_\_\_

Card Type: MasterCard                      Visa                      AmEx

Card Expiration Date \_\_\_\_\_

Billing address for credit card: \_\_\_\_\_  
\_\_\_\_\_

Model Purchased \_\_\_\_\_

Customer # \_\_\_\_\_ Invoice # \_\_\_\_\_

SubTotal \_\_\_\_\_ (not including shipping)

TOTAL \_\_\_\_\_

Signature: \_\_\_\_\_

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Internal use Only
Date of authorization _____
Amount of authorization _____
Authorization Number _____
Initials _____