

All fields of this form must be completed before the order can be processed.

CLIENT INFORMATION

Company: _____ Contact Name: _____

Phone No.: _____ Fax No. (optional): _____

Company Address: _____

CREDIT CARD INFORMATION

Card Type: Visa Mastercard Discovery Amex

Card Number: _____

Expiration Date: _____ CCV: _____

Cardholder's name as it appears on the card: _____

CARD HOLDER'S BILLING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Email: _____

CARD HOLDER'S SHIPPING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Email: _____

I authorize UNIPOWER to charge the above credit card in the amount of \$ _____ plus any applicable shipping charges.

Authorized Signature

Date

3900 Coral Ridge Drive, Coral Springs, FL 33065; Tel: 954-346-2442; www.unipowerco.com