



60 Hoffman Ave  
Hauppauge, NY 11788  
P 631 499 6664  
E ar@ulegrp.com  
www.ulegrp.com

**CREDIT CARD AUTHORIZATION  
REQUEST FORM**

Thank you for your support of Ule Group.

For your convenience, Ule Group accepts Visa, Mastercard, Amex cards.

For both your and our protection, please fill out and return this form to us to authorize us to charge your credit card.

**Customer Account #:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

Please check one that applies:

One Time Use Only

Permanent File

I/We authorize Ule Group to bill my/our: *(check one)*

Visa

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mastercard

Expiration Date \_\_\_\_

CVV \_\_\_\_

American Express

Discover

For the amount of: \$\_\_\_\_\_

**Cardholder's Name and Address:**  
*(as it appears on card/bill)*

**Business Name and Address:**

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

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

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**STATEMENT OF AUTHORIZATION**

The purpose of this statement is to authorize Ule Group (also stated as the "merchant") to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders or in person at the merchant's location of business operation. We will update upon expiration date and/or other necessary information as the above stated credit card is renewed. We will, under no circumstance, request a charge back on the card listed above without receiving prior written authorization from Ule Group.

By signing this document I/we accept all responsibility for these transactions to ensure full and proper payment to merchant.

Name: (please print) \_\_\_\_\_

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