

CREDIT CARD AUTHORIZATION FORM

Please complete and fax this form directly to our head office for processing at: + 1 (424) 675-3400.

Yes, I authorize UniNet Imaging Inc. to charge all orders shipped to the address listed on this application to my credit card:

Credit Card Account #: _____ Exp. Date: _____

Select Type: Visa MasterCard American Express Discover Card Security Code*: _____

(*Enter 3-digit code printed on back of credit card, or the 4-digit code printed on the front of an American Express card.)

Cardholder Information

Must be filled completely in order to process your order

Name (as it appears on credit card): _____

Billing Street Address: _____

City: _____ State or Province: _____

Postal Code: _____ Country: _____

Credit Limit: _____

Company Information

Company Name: _____ UniNet Customer ID #: _____

Contact Person: _____

Telephone (Important): _____ Fax (Important): _____

Ship to Street Address: _____

City: _____ State or Province: _____

Postal Code: _____ Country: _____

I will be purchasing computer, copier, laser parts, and printing supplies from UniNet Imaging Inc. under the business terms published.

Cardholder Signature _____ **Date** _____

NOTE: All Credit Card Authorization forms must be received by our accounting office during normal business hours no later than 2:00 pm pacific standard time. Forms received after 2:00 pm will be processed on the following business day.

All accounts on net terms are to be paid with company check, money order, bank deposit, or wire transfer. Please note that this type of account will be assessed a 3% convenience fee when paid by credit card at end of term.

We will continue accepting credit card payments for pre-paid orders and the convenience fee does not apply.