

United Marketing Services LLC

CREDIT CARD AUTHORIZATION FORM

Name of Customer: _____

Address: _____

Card Holders Name: _____

Address: _____

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

CVV2 Code: _____

Amount: _____

Type of Product: _____

I, _____ AUTHORIZE THE UNITED MARKETING SERVICES LLC TO CHARGE THE ABOVE AMOUNT FROM MY/OUR CREDIT CARD.

CARDHOLDER AUTHORIZED SIGNATURE

DATE

Email: info@unitedmservices.com

Tel: 718-594-1659

Fax: 347-252-0203