

# UNITED STATES RECYCLING, INC.

6101 TACONY STREET  
PHILADELPHIA, PA 19135

PHONE: 215-338-5050

PHONE: 215-992-5192 (CREDIT MANAGER)

FAX: 215-992-5193 (CREDIT DEPARTMENT)

## CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CUSTOMER TELEPHONE #: \_\_\_\_\_

CUSTOMER EMAIL ADDRESS: \_\_\_\_\_

	<u>NUMBER</u>	<u>AMOUNT</u>
INVOICE:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
		<b>TOTAL CHARGED</b> \$ _____

CREDIT CARD: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

BANK TELEPHONE # ON BACK OF CARD: \_\_\_\_\_

FULL NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS OF CARD: \_\_\_\_\_

THE SIGNATURE BELOW REPRESENTS I APPROVE THE ABOVE DOLLAR AMOUNT TO BE CHARGED TO THIS CREDIT CARD AND HAVE THE AUTHORITY TO APPROVE/PROCESS THIS TRANSACTION.

\_\_\_\_\_  
AUTHORIZED SIGNATURE      DATE

\_\_\_\_\_  
PRINTED NAME      TITLE