



Once signed please
Fax the completed form to:

Fax: 718-425-9953

Factory / Office
21-10 51st Avenue, 4th Floor
Long Island City, NY , 11101

Tel: 718-247-4500
Fax: 718-425-9953
www.uniquesettings.com

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information provided is subject to the privacy policy found at www.uniquesettings.com

ACCOUNT NUMBER: _____

Company Name: _____

Company Address: _____

PLEASE CHECK ONE

Update Information

First Time
Authorization

Cancel Authorization

Credit Card Information

Cardholder Name _____

Credit Card Billing Address _____

Credit Card Type Visa Mastercard Discover AmEx

Credit Card Number _____

Expiration Date Month _____ Year _____

I authorize *Unique Settings of New York* to charge the credit card provided herein for;

Current and future invoices and statements Use only one time

Cardholder

Print Name, Sign and Date Below

Signed _____

Dated _____

Name _____

"Each party agrees that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and have the same force and effect as manual signatures. Electronic signature means any electronic sound, symbol or process attached to or logically associated with a record and executed and adopted by the party with the intent to sign such record, including facsimile or e-mail electronic signatures."

This authorization can be canceled at anytime by executing this form and checking "Update Information" if your further information has changed or "Cancel Authorization" and faxing back to the number provided above or mailing it to the Unique Settings of New York 21-10 51st Avenue, 4th Floor Long Island City, NY, 11101