



**UNIVERSAL  
RECORDING SUPPLIES INC**

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This form authorizes Universal Recording Supplies, Inc. to charge you/your company's credit card. Your signing this form represents your acceptance and agreement to the charges for the specified order. Please fax the completed form back to 732-367-9363.

Card Holder Name: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

CCV Value ( Last 3 digits located on the signature strip of the card) \_\_\_\_\_

(If Known) Quote / Invoice Number \_\_\_\_\_ Job Name \_\_\_\_\_

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

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

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

Business Address:(If different than billing)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Order Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_