



Ultraflex Power Technologies, Inc.
 158-2 Remington Blvd. Ronkonkoma, NY 11779
 Phone: (631) 467-6814
 Email completed form to Orders@ultraflexpower.com

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Complete this form to authorize Ultraflex Power Technologies to make a one-time charge to the credit card identified below.

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated charges to your account.

| | |
|--|---|
| Type of Card | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover |
| Name on Credit Card | |
| Credit Card Number | |
| Expiration Date | |
| Billing Zip Code | |
| CVV / Security Code | |
| Amount to Charge | |
| Requested Date to Charge Card* | |
| Description of Goods / Services | |
| Receipt Email <i>To be used for confirmation</i> | |

*Card will be charged on or after the indicated date

Signature

Title
Date

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.