

**UNIVERSAL DATA INTERCHANGE
PO BOX 21088
PHILADELPHIA, PA 19114
PHONE: 814-503-1085
FAX: 215-633-1201**

Dear Customer:

We are now accepting VISA and MASTERCARD for payment on your account. This fax reports to our accounting department only. If you would like to take advantage of this option, we would need you to supply the following information: There will be a 1.5% Fee charged for each transaction.

COMPANY NAME & STORE NUMBER

CARD TYPE: VISA _____ **MC.** _____

CARD NUMBER: _____

EXPIRATION DATE: _____

CVV2 CODE #: _____

STREET ADDRESS: _____

PO BOX NUMBER: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

Please sign and date this form to authorize use of this information.

CARD HOLDER NAME: _____
(Please print)

CARD HOLDER
SIGNATURE: _____ **DATE:** _____