



Fax to: 817-704-7828
Accounts Receivable

Credit Card Authorization

From: _____
Date: _____

This is an authorization to apply the charges below to my credit card.
This authorization must be FAXED to keep your credit card information secure.

Vendor:

United Cab Service
Arlington TX, 76006
817-460-6800
Fax: 817-704-7626

Company Name: _____ Phone Number: () -

Name of card Holder: _____

Credit Card Number: _____ Expiration Date: / Zip Code: _____

Authorized Signature: _____ Date: _____

Print: _____

Phone Number: _____ Fax Number: _____

Email: _____