



CREDIT CARD INFORMATION FORM

DATE: _____

FULL NAME: _____

RESPONSIBLE FOR THE FORM INPUT

COMPANY NAME: _____

PHONE NUMBER: _____ E-MAIL: _____

Cargo Receipt Number (C/R): _____

Bill of Lading Number (B/L): _____

Please mark your credit card type:

VISA

MASTER

AMERICAN EXPRESS

CARDHOLDER'S NAME: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV/SECURITY CODE: _____

CREDIT CARD BILLING ADDRESS: _____

TOTAL AMOUNT \$ _____

CARDHOLDER'S SIGNATURE

* We do not accept DISCOVER or any INTERNATIONAL Credit Cards.

** Fees applied: 3% for VISA/MASTER CARD and 4% for AMEX CARD over the Freight Charges.

*** Please fill out all the required information and e-mail to one of our representatives.

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