



AutoPay Credit Card Authorization
Phone: (800) 499-5912
Fax: (866) 212-7987

AutoPay Credit Card Authorization Form

DATE _____

UniTel Account Number _____

Name (as it appears on card) _____

Email Address (mandatory) _____

NOTE: UniTel will never share, sell, or trade your information with any third party

Credit Card Number _____ - _____ - _____ - _____

Card Billing Address _____

City _____ State _____ Zip Code _____

Panel / Security Number _____

*** See diagram to the right ***

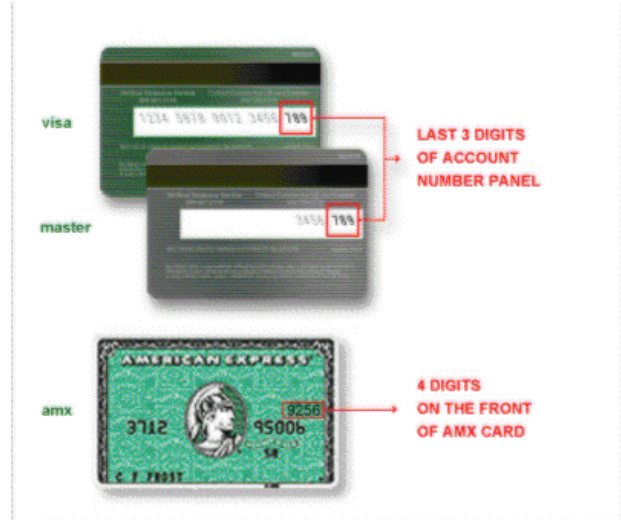
Expiration Date ___ / ___

Please check one:

Master Card Visa Amex

Please initial: YES _____

Charge my account automatically each month for the total invoice amount due.



I AUTHORIZE UNITEL TO CHARGE THE ABOVE CREDIT CARD FOR THE AMOUNT AND TERMS LISTED ABOVE.

Customer's Name (printed) _____

Customer's Signature _____

*** If UniTel is unable to process the above transaction, a \$25.00 fee will be charged to the customer's account. ***

• 932 N. Wright Street • Suite 104 • Naperville, Illinois 60563 •