

Office Use Only:

Ship Date _____



UNIQUE STONE
History in the Making

Office Use Only:

Customer _____

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____ Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize Unique Stone to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Verbal Authorization Given _____

Return the completed and signed form to the following:

Unique Stone
395 Ledbetter Road
Rockingham, NC 28379

Email: customerservice@uniquestone.com

Ph: 910-817-9450

Fax: 910-817-9464