

Please fill out the form located below and email to
sales@uccwireless.com



United Communications Corporation

888-763-7550 Tel 888-763-7549 Fax

Department Name _____

Person responsible for: Ordering _____ email _____

Accounts Payable _____ email _____

Street Address _____

City, State, Zip _____

COUNTY _____

Phone _____ Fax _____

Billing Address _____

Preferred Ship Method _____ PO Required?

Tax exempt status

Credit Line Requested \$ _____ Terms Requested _____

List any affiliate companies or subsidiaries

Name	Address	email address

Name	Address	email address

Payment shall be made within agreed upon terms after the date of the invoice for each product, accessory or other. Any invoiced amount that is not paid within these terms will be considered delinquent. Based upon acceptable credit and collection practices, United Communications Corporation (UCC) is entitled to past due interest or a late payment charge on the delinquent balance outstanding, not to exceed 2.0% per month on the outstanding balance. Any past due interest or late payment charge will become due and payable immediately at UCC's discretion. The buyer also agrees to reimburse UCC for all legal fees and expenses incurred in collecting any amount due hereunder.

The undersigned certifies that the above information on the credit application is correct and to the best of your knowledge. The undersigned also agrees to the terms set forth in the above mentioned interest clause. The undersigned also authorized the references, listed on page two, to release credit information to UCC.

Authorized signature: _____



Credit Card Authorization Form

(Complete only if you want to use credit cards)

Company Name _____

Name on Card _____

Card # _____ Verification # _____

Card Type _____

Expiration Date _____

Billing address of card: _____

Customer Number _____

Signature _____

The issuer of this card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to an din accordance with the agreement governing the use of such card.

Internal use only

Date of authorization _____

amount of authorization _____

Authorization Number _____ Initials _____