



Delaware

UEP Credit Card Authorization

Current Date:

IF HAND WRITING, PLEASE PRINT LEGIBLY

CUSTOMER INFORMATION

Company Name:

Contact Email Address:

Customer Contact:

Contact Phone Number:

CUSTOMER AUTHORIZATION

By signing below, I authorize IDEMIA to charge my credit card ending in (last four digits of card) for the full transaction value of each unique 'Authorization Code' presented for the purpose of completing any UEP transaction performed on my company's behalf.

Signature (must be physical signature):

Printed Name:

Email:

To Be Retained

To Be Destroyed

CARD HOLDER INFORMATION

Full Name on Card:

Card Type:

☐

Visa

☐

Master Card

☐

Discover

☐

American Express

Credit Card Number:

Expiration Date:

CSV Code:

Zip Code:

IDEMIA - Billing Department – 340 Seven Springs Way, Ste. 250, Brentwood, TN 37027

FAX COMPLETED AUTHORIZATION FORM TO: 615-993-5983