<<()>> IDEMIA

WA

UEP Credit Card Authorization

Current Date:
Nine Digit Tax ID or EIN Number:

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. 200, Brentwood, TN 37027

FAX COMPLETED AUTHORIZATION FORM TO: 615-993-5983

CC Auth Mstr V2021.1