

CREDIT CARD AUTHORIZATION AGREEMENT

Customer Name	Phone
Business Name	
City, State, Zip	
	Group, LLC, hereinafter called URG, to initiate creditery month in the amount of $\frac{10}{20}$.
Credit Card Company	
Full Name on Card	
Credit Card Number	
Expiration Date	Verification Code
Billing Zip Code	
I acknowledge that the authority will rvia email to bookkeeper@u-r-g.com.	emain in effect until I have cancelled in writing or
Name	
(Please Print)	
Signature	Date//

Please email signed copy to bookkeeper@u-r-g.com or fax to 303-367-4409.