



The Woodlands, TX | (713) 703-5415
 UniqueUrbanRocks@aol.com | www.UniqueUrbanRocks.com



DATE _____

PURCHASE ORDER FORM

Please fill in completely below. Payment by Check Cash Credit Card Deposit

Name of Company or Organization: _____

Name: _____ Attn: _____

Address: _____ Billing Address

City: _____ State _____ Zip _____

Tel: (____) _____ Bus: (____) _____ Home: (____) _____

email: _____

Ship To (If different from above) _____ EIN _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ Zip _____

THANK YOU FOR YOUR BUSINESS

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL

Payment _____ Sales Tax _____ Total due _____ Bal due _____ Paid in Full

Please complete the information below: (Use billing address checked above)

I _____ authorize Unique Urban Rocks to charge my credit card account indicated below for \$ _____ on or after _____ . This payment is for _____ .

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Signature _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize Unique Urban Rocks to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

