

University Book Exchange
516 S Cotanche Street
Greenville, NC 27858
252-758-2616, fax 252-830-0927, www.ubeinc.com
Credit Card on File

Customer #: _____ Date: _____ Emp. Name _____

Cardholder's Name: _____

Student's Name: _____ Last 4/S.S. _____

Credit Card Type: _____ # _____

Exp. Date: _____

Cardholder's Address: _____

Cell/Home/Work: _____ Student Cell: _____

Please circle: *Restricted to Textbooks Only* _____ *No Restrictions* _____

One-Time Use Only: _____

UBE Keep On File: _____

The cardholder is responsible for any and all charges to the University Book Exchange on this credit card!

Cardholder Signature: _____ ***Date:*** _____

*Please sign and return form to the above address.
The form will be processed when we receive your signature.*