



**AUTHORIZATION:**

The information above is given for the purpose of establishing eligibility for a credit account with Mobility Unlimited, Inc.

Mobility Unlimited, Inc. is hereby authorized to make any credit inquiries for approval. I certify that all of the information above is correct and that I have the authority to incur liabilities and enter into this agreement in the name of the company.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please Fax Completed Form to: 610-433-7972**