



120 years of reaching new heights

INITIAL FORM: \_\_\_\_\_ UPDATED FORM: \_\_\_\_\_

CREDIT CARD PAYMENT AUTHORIZATION FORM

Marr Companies Fax #: 617.269.8650

COMPANY NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_
Street City State Zip

CREDIT CARD ACCOUNT: MasterCard Visa American Express Discover
(Circle One)

CREDIT CARD #: \_\_\_\_\_ V-Code (3/4 digits) \_\_\_\_\_

EXPIRATION DATE: Month \_\_\_\_\_ Year \_\_\_\_\_

I hereby authorize my credit card to automatically make payment from the above account on a weekly basis or any invoice that remains unpaid 45 days from invoice date for any of the Marr Companies / Merchant.

DATE: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

CARDHOLDERS NAME (Print): \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE #: \_\_\_\_\_ FAX # \_\_\_\_\_

MOBILE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MERCHANT/MARR EMPLOYEE SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STATEMENT OF AUTHORIZATION:

The purpose of this statement is to authorize Marr Companies (also stated forward as the merchant) to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders or in person at the merchant's location of business operation. I/ We will update the merchant upon the expiration and/or other necessary information as the credit card stated above is re-nued. By signing this document, I \_\_\_\_\_, am accepting all responsibility for these transactions to insure full and proper payment to the merchant.

Name Authorizing Signature Date