

FAX 617-269-8650



*120 years of
reaching new heights*

INITIAL FORM: _____

UPDATED FORM: _____

CREDIT CARD PAYMENT AUTHORIZATION FORM

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

CREDIT CARD #: _____ V-Code (3/4-digit code): _____

EXPIRATION DATE: Month _____ Year _____ BILLING ZIP CODE: _____

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)

CARDHOLDERS BILLING ADDRESS: _____

TITLE: _____

OFFICE #: _____ Fax: _____

MOBILE #: _____ Email Address: _____

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 renewed. 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