

CREDIT CARD HOLDER'S AUTHORIZATION

Please fax the signed form back to MMC at 631.435.9889

(This information is strictly confidential and for our internal use only)

In lieu of my credit card imprint I, _____
Name of Cardholder as shown on Credit Card

Hereby authorize **MMC Enterprises Corp.** to charge my credit card

Credit Card Type: Please check one below

Visa Master Card American Express Discover

_____/_____/_____
Valid Credit Card Number Expiration date CVV2 Security #

In the amount of \$_____ for payment of PO# (or Part) _____

for quantity of _____ at the unit price of _____

Shipping: via UPS ground service at _____ or collect our account# _____

Billing address: _____ *Shipping Address:* _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Company Name

Note identification required. Please provide a Photostat copy of the credit card (front & back) and drivers license of cardholder.

By signing below, I acknowledge charges herewith. Payment in full to be made when billed or extended payment in accordance with standard policy of company.

X

Signature

Printed Name

Date