

MMTA Services, Inc.

P.O. Box 857

Augusta, ME 04330-0857

Phone: 207-623-4128 Fax: 207-623-4096

THE BELOW STATED CUSTOMER HAS GIVEN MMTA PERMISSION TO
USE THE CREDIT CARD STATED BELOW FOR PURCHASES.

Business Acct Information:

Company Name: _____

Customer Name: _____

Email: _____

Phone # _____ Fax # _____

Estimated Amount To Be Charged:

Invoice Total: _____ + Convenience Fee: _____ = Total Amount: \$ _____

Convenience fee rates (Visa, M.C. & Discover @ 2.5%, Amex @ 3.0%)

Credit Card Information: **PLEASE PRINT CLEARLY**

If unable to read information, request will not be processed. Convenience fees apply

Visa Master Card Discover Amex

Credit Card Number: _____

Exp: _____ Security Code: _____
MM/YY

Card Holder (name on front of card):

First: _____ MI: _____ Last: _____

Address credit card bill is sent to:

Street: _____

City/Town: _____ State: _____ Zip Code: _____

For Office Use Only: Phone Order _____ Invoice # _____

Processed by: _____ Received Date: _____ Account #: _____

****COMPLETION OF ALL APPLICABLE FIELDS IS REQUIRED FOR ACCURATE PROCESSING****