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, MC & Discover @ 2.7%, AMEX @ 3.5%)

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