

# 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.

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Business Acct Information:

Company Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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Estimated Amount To Be Charged: \$

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Credit Card Information: **PLEASE PRINT CLEARLY**  
**\*If unable to read information, request will not be processed.**

☐ 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: \_\_\_\_\_

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**For Office Use Only:** Phone Order \_\_\_\_\_ Invoice # \_\_\_\_\_

Processed by: \_\_\_\_\_ Received Date: \_\_\_\_\_ Account #: \_\_\_\_\_