



CREDIT CARD PAYMENT AUTHORIZATION FORM

Over 100 years of reaching new heights

Rental Fax #: 617.269.8604 Credit Fax#: 617.269.8604

APPLICANT/COMPANY NAME: _____

ADDRESS _____
Street City State Zip

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

CREDIT CARD #: _____ CREDIT CARD ZIP CODE: _____

VALIDATION CODE # : _____

EXPIRATION DATE: Month _____ Year _____

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): _____

TITLE: _____

TELEPHONE #: _____ FAX # _____

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