



CREDIT CARD ORDER FORM

Date: _____ Company Name: _____

Applicant's Email Address: _____

Cardholder Name: _____ Direct Phone: _____

Credit Card Type: (check one) VISA: MASTERCARD: AMERICAN EXPRESS:

Credit Card Number: _____

Expiration Date: _____ VCC Code (3 or 4 digits): _____

MMP Product Part Number	Quantity Required	Price per Unit
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total: \$ _____

Shipping Information: Ship -To Address:

_____ Requested Ship Date: _____

Purchase Order Number: (if needed) _____

Method of Shipment (Ground, Next-Day, Second Day, etc.) _____

UPS ACCT # (preferred) _____ or Bill Freight to CC:

S&H Charges Quoted _____ MMP Invoice # If Applicable _____

Total Amount from above plus S & H to be charged to CC: \$ _____

Signature of Approval _____ Date _____