



30-Day Past Due Credit Card Authorization Form

Company Name _____ Date Established _____
DBA (if different) _____ Principal Product / Service Offered _____
Street Address _____ City _____
State _____ Zip _____ Phone/Ext _____ Fax _____
Corporation _____ Partnership _____ Sole Proprietorship _____ Federal Tax I.D. or SSN _____
Billing Contact _____ Tax Exempt: YES or NO Tax Exempt # _____

I hereby authorize The Marsid-M&M Group to debit my _____ (type of card) for printing production charges and any other additional services or fee's which are outstanding and were incurred in connection with my order history and The Marsid-M&M Group. I understand and authorize my credit card to be charged upon my account becoming 30 days past due and not sooner. In addition, I agree to inform The Marsid-M&M Group of any changes in credit card account numbers or expiration dates. I also agree to hold The Marsid-M&M Group harmless from liability as a result of activities in connection with such transactions.

Credit Card Account #: _____ Exp Date: _____ 3 digit CSV _____

Company Name _____

Name on Card: _____

Signature: _____

Date: _____

Once you have completed this form, fax it to 516-997-5739 'Attn: Billing' and mail the original signed form to our office address below. If you have any questions, please contact your service representative.