



CUSTOMER CREDIT CARD – ON FILE

DEAR CUSTOMER -

WE APPRECIATE YOUR BUSINESS AND THANK YOU FOR YOUR INTEREST IN MELROSE MAC, INC.

FOR YOUR CONVENIENCE PLEASE PROVIDE THE FOLLOWING INFORMATION FOR "CREDIT CARD ON FILE".

DATE: _____
NAME OF COMPANY: _____

BILLING INFORMATION: (CREDIT CARD INFORMATION)

CONTACT: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____
FAX: _____
EMAIL: _____

SHIPPING INFORMATION:

CONTACT: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____
FAX: _____
EMAIL: _____

AUTHORIZED PERSONS FOR PICK UP (OTHER THAN PERSON LISTED ABOVE):

PRIMARY CREDIT CARD

NAME ON CARD: _____
DAY PHONE: _____
CARD TYPE: _____
ISSUING BANK NAME: _____
BANK PHONE NUMBER: _____

I _____ authorize MELROSE MAC, INC. to charge my credit card number _____ which expires _____ / _____ with security code* _____ for any purchase made. I also agree to provide MELROSE MAC, INC., with front and back copies of my credit card, my state issued driver's license and/or valid passport if requested along with my signature below for comparison purposes. I understand the comparisons are done as a precaution against unauthorized use with mutual benefit for me, the cardholder, and MELROSE MAC, Inc.

SIGNATURE _____
PRINT: _____
ADDRESS: _____
DATE: _____
CITY: _____
STATE: _____
ZIP CODE: _____

*Visa/MasterCard – last three digits on the back of card.
American Express – four digits on the front of card

SECONDARY CREDIT CARD

NAME ON CARD: _____

DAY PHONE: _____

CARD TYPE: _____

ISSUING BANK NAME: _____

BANK PHONE NUMBER: _____

I _____ authorize MELROSE MAC, INC. to charge my credit card number _____ which expires _____ / _____ with security code* _____ for any purchase made. I also agree to provide MELROSE MAC, INC., with front and back copies of my credit card, my state issued driver's license and/or valid passport if requested along with my signature below for comparison purposes. I understand the comparisons are done as a precaution against unauthorized use with mutual benefit for me, the cardholder, and MELROSE MAC, Inc.

SIGNATURE _____

PRINT: _____

ADDRESS: _____

DATE: _____

CITY: _____

STATE: _____

ZIP CODE: _____

*Visa/MasterCard – last three digits on the back of card.
American Express – four digits on the front of card

Please contact Accounting Department with any questions or concerns at accounting@melrosemac.com or by phone at 323-937-4600 x223.