



**M.A. Industries, Inc.**  
303 Dividend Drive, Peachtree City, GA 30269  
Phone: 800-241-8250 Fax: 770-487-1482  
Sales@maind.com

**Credit Card Authorization Form**

I, \_\_\_\_\_ authorize M.A. Industries, Inc. to charge  
(your name)  
my credit card for the amount of \$ \_\_\_\_\_ on \_\_\_\_\_.  
(total amount) (date)

This payment is for Order/Invoice # \_\_\_\_\_

M.A. Account #: \_\_\_\_\_

Payment Type:  Visa  Mastercard  Amex  Discover

Cardholder Name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV#: \_\_\_\_\_  
(month) (year) (3 digit # on back of card)

Email Address: \_\_\_\_\_  
(receipt will be sent to this email address)

Do you wish to keep this card on file for future payments?  YES  NO