

LENOX-MARTELL CREDIT CARD AUTHORIZATION FORM

(A MULTI-FLOW INDUSTRIES COMPANY)

PHONE: 617-442-7777

FAX: 617-522-9455

DATE: _____

BUSINESS CARD: YES or NO

VISA

MASTERCARD

AMEX

NAME ON CARD: _____

BILLING ADDRESS ON CARD: _____

CITY, STATE, ZIP: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

SECURITY CODE: (3 DIGIT ON BACK FOR VISA/MC OR 4 DIGIT ON FRONT FOR AMEX) _____

AMOUNT TO BE CHARGED: _____

REASON FOR CHARGE: (INVOICE #/ACCT BALANCE, ETC) _____

BUSINESS NAME: _____

CITY, STATE: _____

CALL BACK NUMBER: (IN THE EVENT OF ANY PROBLEMS WITH CARD) _____

ACCOUNT NUMBER: _____

EMAIL ADDRESS: _____

PERSON GIVING PERMISSION TO HIT THE CARD: _____

CHARGE WILL SHOW UP AS MULTI-FLOW INDUSTRIES ON STATEMENT

<input type="checkbox"/> Recurring Monthly Charge
<input type="checkbox"/> Invoice to Invoice
<input type="checkbox"/> Payment Plan



Information will be vaulted and stored for future charges
Any transactions over \$5000.00 are subject to a 3% surcharge

For office use only: RMA Initials: _____ Date: _____