



PO Box 65272  
West Des Moines, IA 50265  
515 255-1295  
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### Credit Card Authorization Form

#### Card #1

**Card Brand:**    **Mastercard**    **Visa**    **Discover**

Card Type:    Credit                  Debit

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV:                                  \_\_\_\_\_ (on back of card)

Name on Card: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

#### Card #2

**Card Brand:**    **Mastercard**    **Visa**    **Discover**

Card Type:    Credit                  Debit

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV:                                  \_\_\_\_\_ (on back of card)

Name on Card: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

I hereby authorize MBMA Corporation to charge appropriate orders and shipping charges to my selected credit/debit card(s) above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_