

# MROcentral.co

Perry, Maine

(207) 922-9900

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## Payment Authorization Form

All Fields are Required [ x ]

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Card Type [ x ]  MasterCard  VISA  Discover  AMEX  
Company Name [ x ] \_\_\_\_\_  
Cardholder Name [ x ] \_\_\_\_\_  
Card Number [ x ] \_\_\_\_\_  
Expiration Date [ x ] \_\_\_\_\_  
Postal Code [ x ] \_\_\_\_\_

As cardholder and/or authorized purchasing agent, I [ x ] \_\_\_\_\_,  
authorize MROcentral.co to charge the above account for agreed upon  
purchases. I understand these details may be stored securely for future use.  
I agree to inform the primary account holder, supervisor, and accounting  
department of these purchases so they are not disputed by mistake. I also  
understand that large purchases may be divided into smaller orders for  
logistical, billing, and risk purposes.

Signature [ x ] \_\_\_\_\_  
Date [ x ] \_\_\_\_\_

### Instructions:

Please print payment details and name where indicated necessary by [ x ], then sign, date, scan,  
and email this document back to us.