

## Credit Card Blanket Authorization

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

I \_\_\_\_\_ at  
(name)

\_\_\_\_\_ authorize  
(store name and address)

MCM Group Ltd. to process any invoices that come due on my account with the  
Credit Card information that I have provided below.

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

Expiry Date \_\_\_\_\_

Cardholder name \_\_\_\_\_

If you should ever want to choose another Credit Card in the future,  
please call and we will refax you this form.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

