



## **TMA Credit Card Payment Form**

Please email this form to:

**Person Requesting and/or finance@tma.us**

Company Name on Invoice or Application: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Cards accepted: Visa/ MasterCard/ American Express/Discover

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

Name as it appears on the card: \_\_\_\_\_

Expiration Date (mmyy): \_\_\_\_\_

Amount authorized for credit card payment: \_\_\_\_\_

Invoice/Order Number: \_\_\_\_\_

Card Verification Value\* (Four digits for American Express): \_\_\_\_\_

Signature of card holder:

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

**Thank you!**