



568 Atlantic Ave, Brooklyn, NY 11217
 718-875-4646 option 2 or 800-887-2368 option 2
 www.madinaonline.com

CREDIT CARD AUTHORIZATION FORM

Date _____

I _____, authorize Madina Industrial Corp. to charge my credit card for services rendered. Not to exceed the amount shown.

AMOUNT \$ _____ USD.

CREDIT CARD TYPE : VISA MASTER CARD AMERICAN EXPRESS DISCOVER

CREDIT CARD # _____ / _____ / _____ / _____

CARD CVV # _____

EXPIRATION DATE ____ / ____ (MM/YYYY)

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
 (As it appears on card)

Madina Customer # _____ (Very Important)

 SIGNATURE

 DATE

FAX OR E-MAIL this form with a government issued ID to proof identity to:

718-875-4931 (Fax)

info@madinaonline.com

DO NOT WRITE BELOW. COMPANY USE ONLY.

REFERENCE# _____ PROCESS DATE: _____

NOTES:

