



Commercial Marketing Associates, Inc.
8425 Progress Drive, Suite BB
Frederick, MD 21701
Phone: 240-215-9700 / Fax: 240-215-9721

CREDIT CARD AUTHORIZATION

Cardholder Name: _____
(AS IT APPEARS ON THE CREDIT CARD)

Company Name: _____

Bill-To Address: _____

Ship-To Address: _____

Amount \$ _____ Your PO# _____

Phone# _____ CMA Proposal# _____

Email for receipt _____ Or Fax# _____

Signature _____ Date _____

FAX COMPLETED FORM TO: 240-215-9721 Attn: _____

Card# _____ **Exp** _____ **Sec** _____
Date _____ **Code** _____