



CREDIT / Debit CARD Payments

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Name : _____

Name as it appears on card: _____

Credit Card
No. _____

Expiration Date: _____ / _____ Security No. _____

Billing
Address: _____

Amount Authorized to Charge Card shown above: \$ _____

* By signing below you authorize MAAP to charge this credit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Signature: _____

This completed form may be mailed, faxed, or emailed to the MAAP office at the address below:

4785 Old Canton Road, Jackson, MS 39211 ~ Phone 601-321-2085 ~ Fax 601-321-2086
info@msaap.net / www.msaap.net