



Corporate Headquarters
22 Albiston Way
Auburn, ME
04210

Credit Card Authorization Form

From:

I authorize **Maine Oxy** to charge my credit card for the amount below.

Card Type: Mastercard Visa Discover American Express

Card #: _____

Exp Date: _____

Security # _____

Billing Address Number: _____

Billing Zip Code: _____

Invoice Number(s):

Transaction Amount: _____

Name on Card: _____

Authorization Signature: _____ Date: _____