



2021 13th Street ♦ Ashland, Kentucky 41101
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Merchant Management Systems, Inc.

**Authorization of
Credit Card Transaction**

I, _____ hereby authorize _____
located at _____ to charge my credit card for the amount indicated
below. I understand that these charges are for payment of goods and/or services by the above referenced merchant. I
hereby waive my current or future rights to dispute of the transaction listed below.

Transaction Information

Type Of Card *Visa* *Mastercard* *American Express* *Discover*

Credit Card Number: _____

Credit Card Expiration Date: _____ / _____ / _____

CVV2: _____

Card Holder Name: _____

Billing Address of Credit Card: _____

Card Holder Telephone Number: (_____) _____ - _____

Amount of Credit Card Transaction: _____

Please describe the goods and/or services received by cardholder: _____

Under the laws of the State of _____ and the State of Kentucky, I hereby certify the forgoing is true
and accurate.

Signarute Required: _____ Print: _____

Date: _____ / _____ / _____