(Credit Card Information)

PLEASE PRINT CLEARLY

Credit Card Payment Information (mailing address for Credit Card)

Company Name			
Address			
City	State/Province	_Zip Code	Country
Signature			
	Phone		
Facility Location Same a	s above, or:		
Address			
City	State/Prov	ince	_ Zip Code
		Expira	ntion Date
Return this form with your pa	(First name) nyment to:	(Last name	2)
Maine Emergency Mana Attn: SERC 72 State House Station Augusta, Maine 04333- FAX – 207-287-3178 EMAIL – Maine.SERC	0072		
MAKE CHECKS I	PAYABLE TO "TREASURE	R, STATE OF	F MAINE"
	DO NOT SEND CASH		
PLEASE	KEEP A COPY FOR YOU	R RECORDS	S
	•••••		
MEMA Internal Use Only -			
Transaction/Deposit Date	te (Customer ID	