

Corporate Supplier Card Acceptance Information Form

Fax submittal form

To: (name)

Fax number: (fax number)

To begin accepting the MasterCard® Corporate Purchasing Card® for payment, please complete and fax this form to the Fax number shown above, or call (contact name at phone number).

Date: _____

Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Tax Identification Number (optional): _____

