

Attention

Attached is an order. Please be advised that we plan to use the MasterCard® Corporate Purchasing Card® for payment with our next order

Urgent Fax Order

To: (name)

From: (name)

Fax: (fax number)

Fax: (fax number)

Phone: (phone number)

Phone: (phone number)

Re: (subject)

Date: (date)

Please route this cover sheet to your Accounts Receivable Department.

Accounts Receivable Manager:

Do you currently accept MasterCard® cards for payment?

- ☐ **Yes** Are you able to transmit the sales tax amount and our customer code with our transactions?
- ☐ Yes
- ☐ No If no, please call your credit card service provider to upgrade to Level II data.
- ☐ **No** To begin accepting the MasterCard Corporate Purchasing Card for payment, please contact your local financial institution to arrange for acceptance or go online to: www.mastercardmerchant.com/accept_mastercard for a referral list of merchant card service providers.

Please complete and fax this back to (fax number).
Thank you.