



PO Box 65272
West Des Moines, IA 50265
515 255-1295

MBMA Corporation

Credit Card Authorization Form

Card Brand: Mastercard Visa Discover

Card Type: Credit Debit

Card Number: _____

Expiration Date: _____

CVV: _____ (on back of card)

Name on Card: _____

Billing Address: _____

City/St/Zip: _____

Card Brand: Mastercard Visa Discover

Card Type: Credit Debit

Card Number: _____

Expiration Date: _____

CVV: _____ (on back of card)

Name on Card: _____

Billing Address: _____

City/St/Zip: _____

I hereby authorize MBMA Corporation/ Witchwynds Desings / Original Udder Balm.com to charge appropriate orders and shipping charges to my selected credit/debit card(s) above.

Signed: _____

Date: _____

Print Name: _____