



**Request for Reissue of Credentials**  
***Please include \$10 replacement fee for processing***

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

*Required for IMACA only*

\_\_\_ Check/MO# \_\_\_\_\_ for \$ \_\_\_\_\_ Charge  
my: \_\_\_ Mastercard \_\_\_ Visa \_\_\_ AMEX \_\_\_ Discover  
Card# \_\_\_\_\_ Name on Card \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
CVV2/Sec Code \_\_\_\_\_ (3 or 4 digit# on back of card)  
I give MACS permission to fax and e-mail me \_\_\_yes\_\_\_no

Please include \$10 fee for processing. Please mail with check or fax with credit card information to:

MACS  
P.O. Box 88  
Lansdale, PA 19446  
Phone: 215-631-7020  
Fax: 215-631-7017