



## License Transactions:

### Change of Manager

Mormax Corporation  
BJ's Wholesale, Inc. #105  
100 Corporate Drive  
Franklin, MA

Mormax Corporation, D/B/A BJ's Wholesale Club, Inc. #105 is seeking approval for a change of manager on their Wine and Malt Alcoholic Beverages Package Store License. The new manager is to be Matthew T. Ricci.

All Departments have signed off on this application.

**MOTION** to approve the request by Mormax Corporation D/B/A BJ's Wholesale Club, Inc. #105 for a Change of Manager to Matthew T. Ricci.

**DATED:** \_\_\_\_\_, 2019

**VOTED:**

**UNANIMOUS:** \_\_\_\_\_

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ABSTAIN:** \_\_\_\_\_

**ABSENT:** \_\_\_\_\_

**RECUSED:** \_\_\_\_\_

**A True Record Attest:**

**Teresa M. Burr, CMC**  
**Town Clerk**

\_\_\_\_\_  
**Franklin Town Council**, Clerk

Town of Franklin

355 East Central Street  
Franklin, MA 02038



**COMMON VICTUALER APPLICATION (Select all that apply)**  
**NEW/ANNUAL FEE:**  \$2,500 ALL ALCOHOL,  \$1,500 WINE & MALT,  
 \$500 LICENSE MODIFICATION (Changes to Alcohol Licenses)  
 \$125: RESTAURANT

Date: 10/3/2019

Business Owner: BJ's Wholesale Club, Inc.  
First Middle Initial Last

Address: 25 Research Drive Westborough, MA 01581 Telephone #: \_\_\_\_\_  
Town/City zip

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

Name of Business: BJ's Wholesale Club, Inc. #105

Business Location: 100 Corporate Drive, Franklin MA 02038 Telephone #: \_\_\_\_\_

Corporation Name: (If applicable) Mormax Corporation

Address: 25 Research Drive Westborough 01581 FID # \_\_\_\_\_  
Town/City zip

Manager Name: Matthew T. Ricci  
First Middle Initial Last

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Enclose Manager Resume that includes duties performed at each location.

**Description of premises:**

1 main room building includes non-public receiving, meat, deli and bakery prep.,  
tire bay and office mezzanine.

Sq. Footage \_\_\_\_\_ # of Tables 0 # of Seats 0 Type of Restaurant \_\_\_\_\_ N/A

Hours of Operation: Mon. - Sat. 9:00 am - 10:00 pm Sun. -9:00 am - 8:00 pm

I hereby state that all information provided on this application is true and accurate.

Applicant signature: [Signature]

Common Victualer Licenses are issued in conformity with the authority granted by General Laws, Chapter 140 and amendments thereto. All licenses expire December 31 of each year.

The Town Administrator's office upon receipt will forward copies of all applications to the following departments for their review and recommendations.

**Police Chief** (508-528-1212) Shall initiate a background check of the proposed manager and review the application to determine if, in his opinion, any public safety hazard would exist by reason of the location or the hours of operation.

**Signoff: Yes/No** \_\_\_\_\_  N/A **Conditions:** \_\_\_\_\_

**Fire Chief** (508-528-2323) or his designate, Shall review and examine the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meets all fire safety regulations.

**Signoff: Yes/No** \_\_\_\_\_  N/A **Conditions:** \_\_\_\_\_

**Building Inspection** (508-520-4926) Shall examine and review the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meet all building safety regulations and building codes.

**Signoff: Yes/No** \_\_\_\_\_  N/A **Conditions:** \_\_\_\_\_

**Zoning Officer** (508-520-4926) Shall examine and review proposed business location to determine if it conforms to all zoning regulations and bylaws.

**Signoff: Yes/No** \_\_\_\_\_  N/A **Conditions:** \_\_\_\_\_

**Board of Health** (508-520-4905) Shall examine and review proposed business location to determine if, the premises meets and conforms to the provisions of the State Sanitary Code and any local regulations of the Board of Health and that all necessary health permits have been obtained.

**Signoff: Yes/No** \_\_\_\_\_  N/A **Conditions:** \_\_\_\_\_

**Treasurer's Office** (508- 520-4950) Shall examine their records to see that all taxes and fees due to the Town of Franklin are up to date for both the applicant and owner of property to be used for proposed business.

**Signoff: Yes/No** \_\_\_\_\_  N/A **Conditions:** \_\_\_\_\_

Each of Departments Shall make whatever recommendations it deems necessary to the **Town Administrator's office** (508-520-4949) after review of such application, recommending such measures or restrictions on the issuance of any license as may be necessary to protect the public peace, health, safety or general welfare of the community.

**LICENSE**  **APPROVED – Condition (s)** \_\_\_\_\_

**DECLINED – Reason (s)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**TOWN ADMINISTRATOR SIGNATURE:** \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

Please Print Legibly

Business/Organization Name: BJ's Wholesale Club, Inc.

Address: 25 Research Drive

City/State/Zip: Westborough, MA 01581 Phone #:

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input checked="" type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 \*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: Safety National Casualty Corp.

Insurer's Address: 1832 Schuetz Road

City/State/Zip: St. Louis, MO 63146

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: 8/1/2021

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: *Rita A. Mendonca* Date: 10/3/2019

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

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



**CERTIFICATE OF COMPLIANCE WITH STATE LAWS**

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the undersigned acting on behalf on the License Holder, certifies under the penalty of perjury that, to the best of the undersign's knowledge and belief, the License Holder is in compliance with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support\*.

\_\_\_\_\_  
\*\* Signature of Individual or Corporate License Holder (Mandatory)

\_\_\_\_\_  
\*\*\* License Holder's Social Security Number/or Federal Identification Number

By: *Arlene C. Feldman*  
Corporate Officer *Arlene C. Feldman*  
(Mandatory, if applicable)

Date: 10/8/2019

\*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

\*\* Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

\*\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a license or other agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.





**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA, INC.		NAMED INSURED BJ's Wholesale Club Holdings Inc. 25 Research Drive Westborough, MA 01581	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

EXCESS LAYER POLICIES

FIRST EXCESS:

POLICY  
 THE AMERICAN INSURANCE COMPANY  
 08/01/2019 - 08/01/2020  
 LIMIT: \$50M xs \$25M

ECOND EXCESS:

POLICY  
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY  
 08/01/2019 - 08/01/2020  
 LIMIT: \$25M xs \$75M

# Town of Franklin

Town Administrator  
Tel: (508) 520-4949

Fax: (508) 520-4903



355 East Central Street  
Franklin, Massachusetts 02038-1352

## Manager of Record Experience Policy

The Town of Franklin requires a resume or written statement to be submitted with the application for a new alcohol license, transfer of license or change of manager, which details the proposed manager's experience serving or selling alcohol, training employees who serve or sell alcohol, supervision of employees who serve or sell alcohol and any other relevant experience.

Resumes or written statements are only required for the individual who will be the manager of record for the establishment.



## MATTHEW RICCI

### OBJECTIVE

My objective is to leverage my experience while continuing to be challenged and by utilizing my proven leadership experience, to help improve efficiencies and productivity.

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### CORE COMPETENCIES

- Drive Results through Others
  - Navigate Change
  - Team Member Development
  - Communication/Listening
  - Critical Thinking/Decision Making
- 

### PROFESSIONAL EXPERIENCE

#### BJ'S WHOLESALE CLUB

October 8, 2019 - Club #105, Franklin, MA

#### Assistant Manager of Merchandise

Support a team of 3 exempt and 130 non-exempt team members

Manages merchandise display and signing processes and ensures adequate inventory levels are maintained to achieve sales goal

Collaborates with merchandise team to ensure overnight shifts are successfully led and to identify merchandising sales growth opportunities

Provides leadership and direction to all departments within the club

Collaborates with other Assistant Managers to assess Team Member performance, provide actional feedback and develop talent. Assist in hiring and training

Responsible for the effective communication of departmental activities to the club Team Members, club management and club support teams

Continually monitors customer service levels and ensures a positive service experience is delivered to all Members

Establishes operational efficiencies and productivity standards within the department and reviews budgets, plans and P & L

September 2017- August 2019

Asset Control Manager - Club #055, South Attleboro, MA

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Support a team of 150 non-exempt team members

Ensures operational processes are consistently followed in the highly controlled areas of receiving and asset control.

Collaborates with other managers to assess Team Member performance, provide actional feedback and develop talent. Assist in hiring and training

Responsible for the effective communication of departmental activities to the club Team Members, club management and club support teams

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**SKILLS** High level relationship and communication skills with all levels of the organization

Organized and detailed oriented, with ability to multi task

Demonstrates leadership capabilities, including managing/supervising cross-functional teams, training team members, and driving and communication results

Certified forklift trainer

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**EDUCATION** Bachelors Degree in Human Resource Management from Rhode Island College

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The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**AMENDMENT-Change of Manager**

**Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Mormax Corporation	Franklin	

**2. APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Erica Nugent Grimes	Legal Specialist		

**3A. MANAGER INFORMATION**

The individual that has been appointed to manage and control of the licensed business and premises.

Proposed Manager Name **Matthew T. Ricci** Date of Birth  SSN

Residential Address

Email  Phone

Please indicate how many hours per week you intend to be on the licensed premises  Last-Approved License Manager **Gerard Anthony Charbonneau**

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

Are you a U.S. Citizen?  Yes  No \*Manager must be U.S. citizen  
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.  
 Have you ever been convicted of a state, federal, or military crime?  Yes  No  
 If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

**3C. EMPLOYMENT INFORMATION**

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

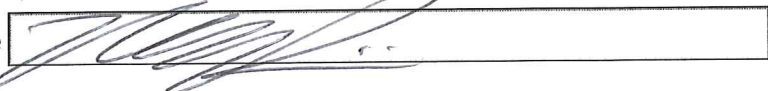
Start Date	End Date	Position	Employer	Supervisor Name
11/2014	Present	Senior Manager	BJ's Wholesale Club, Inc.	
2012	2014	Greeter, Host	Friendly's Restaurants	

**3D. PRIOR DISCIPLINARY ACTION**

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature  Date

**APPLICANT'S STATEMENT**

I, Arlene C. Feldman the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

of Mormax Corporation  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: 

Date: 9/17/2019

Title: Secretary



JEAN M. LORIZIO, ESQ.  
 CHAIRMAN

**CORI REQUEST FORM**

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  (IF EXISTING LICENSEE)      LICENSEE NAME: Mormax Corporation      CITY/TOWN: Franklin

**APPLICANT INFORMATION**

LAST NAME: Ricci      FIRST NAME: Matthew      MIDDLE NAME: Tyler

MAIDEN NAME OR ALIAS (IF APPLICABLE):       PLACE OF BIRTH:

DATE OF BIRTH:       SSN:       ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:       DRIVER'S LICENSE #:       STATE LIC. ISSUED:

GENDER: MALE      HEIGHT: 6      1      WEIGHT:       EYE COLOR: Brown

CURRENT ADDRESS:

CITY/TOWN:       STATE: RI      ZIP:

FORMER ADDRESS: N/A

CITY/TOWN:       STATE:       ZIP:

**PRINT AND SIGN**

PRINTED NAME: Matthew T. Ricci      APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this 9th DAY OF OCTOBER before me, the undersigned notary public, personally appeared Matthew T. Ricci (name of document signer), proved to me through satisfactory evidence of identification, which were RI DRIVER'S LICENSE to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE:

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 660-4614.

**Mormax Corporation**

Written Consent of Directors

October 1, 2019

I, the undersigned, being the sole Director of Mormax Corporation, (the "Company") hereby consent to and adopt the following resolutions in writing and without a meeting:

**RESOLVED:** That application be made to the Board of Selectmen of the Town of Franklin, under the General Laws of the Commonwealth of Massachusetts, Chapter 138, for a Change of Manager located at 100 Corporate Drive, Franklin, Massachusetts (the "Premises"), which is licensed for the retail sale of wine and malt beverages, not to be drunk on the Premises.

**RESOLVED:** That Matthew T. Ricci be appointed Manager of the licensed Premise and shall have vested in his full authority and control of the Premises and location for which the license to sell wine and malt beverages is applicable and the conduct of all business therein relative to alcoholic beverages as the licensee itself would in any way have and exercise if it were a natural person living in the Commonwealth.

**RESOLVED:** That the officers of the Company be, and each of them acting alone hereby is, authorized to execute all such instruments and to do all such other acts as may be necessary or appropriate to execute the foregoing resolutions.

Executed as of the date first set forth above.

DIRECTOR:



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Robert W. Eddy



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM**

**AMENDMENT-Change of Manager**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

**ECRT CODE: RETA**

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) \_\_\_\_\_

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> New License                                   | <input type="checkbox"/> Change of Location  | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises   | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input checked="" type="checkbox"/> Change of Manager                  | <input type="checkbox"/> Change Corporate Name   | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  |  | <input type="checkbox"/> Other <input type="text"/>                       | <input type="checkbox"/> Change of DBA                                |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

**Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3  
 Chelsea, MA 02150-2358**

# Grimes, Erica Nugent

**From:**  
**Sent:** Tuesday, October 08, 2019 9:50 AM  
**To:** Grimes, Erica Nugent  
**Subject:** Receipt from nCourt

[YOUR RECEIPT >>](#)

Please include the payment receipt with your application. Thank you.

Paid To	
Name:	Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1:	239 Causeway Street
Address 2:	
City:	Boston
State:	Massachusetts
Zip:	02114

Payment On Behalf Of			
First Name:	Mormax	Last Name:	Corporation
Address 1:	25 Research Drive		
Address 2:	Attn: Licensing		
City:	Westborough	State:	MA
Phone:	(774) 512-7926	Zip:	01581

Description	ID	Convenience Fee	Amount
FILING FEES-RETAIL		\$4.70	\$200.00

**Receipt Date:** 10/8/2019 9:50:17 AM EST  
**Invoice Number:** e028e319-452d-4a76-9e55-1a0e8ea64c37

**Total Amount Paid:** \$204.70

Billing Information	Credit / Debit Card Information
First Name: Mormax	Card Type
Last Name: Corporation	Card Number
Email	
Street: 25 Research Drive	
City: Westborough	
State/Territory: MA	
Zip: 01581	

[IMPORTANT INFORMATION >>](#)



Please verify the information shown above. Your payment has been submitted to the location listed above.