

Date: _____

Credit Card Authorization Form

Credit Card Payment

Magazine: _____ Issue: _____

Advertiser Name: _____

Invoice Number: _____ Invoice Amount: \$ _____

Invoice Number: _____ Invoice Amount: \$ _____

Invoice Number: _____ Invoice Amount: \$ _____

Total Payment Amount: \$ _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Credit Card Billing

Address (Street): _____ Zip: _____

Signature: _____ Credit Card Security/CVV Code: _____

Please check one:

Charge Monthly Ads One time Charge

Client Name: _____

Client Representative: _____

Date: _____

Account Executives: Turn in Copy to bookkeeping.

Payment is due on receipt of invoice. Accounts which are 90 days or greater past due will be subject to collections.

