



## Credit Card Authorization Form

Please complete all information below in order for us to process your credit card. Your signature below indicates that you agree to a 3.5% convenience charge. After completion, please fax the form back to us (call first to let us know) or deliver to your Account Rep. (For privacy reasons, we do not accept credit card information via email.)

Name of Advertiser: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby authorize Clarke Broadcasting Corp. to charge my credit card in the amount of \$ \_\_\_\_\_ on a (one-time basis) or (monthly basis to end on: date \_\_\_\_\_.

Type of Credit card:  VISA  MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVS Security Code – 3 digits: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

All of the above information will be kept confidential and secure by Clarke Broadcasting Corp.