



Authorization for Credit Card Use



PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on card: _____

Billing Address: _____

Email: _____

Phone: _____

Credit Card Type: ___ Visa ___ Master Card ___ Discover ___ AmEx

Credit Card Number _____

Expiration Date: _____

Card Identification Number: _____ (last three digits on the back of the credit card)

Amount to Charge: \$_____ (USD)

I authorize Broadcast Media Services to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please sign and Date

Signature: _____

Date: _____

Print Name: _____