



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 Amex

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.