

CREDIT CARD AUTHORIZATION FORM

Customer Name (PRINT) _____ Today's Date _____

Customer Billing Address (PRINT) _____

City (PRINT) _____ State _____ Zip _____

Card Type: (Check one)



Credit Card Number:

Expiration Date: ____ / ____ Verification Code: _____
MM YYYY

Name as it appears on the credit card: _____

How would you like to pay?

One time only, in the amount of: \$ _____ Initial: _____

Monthly, in the amount of: \$ _____ Initial: _____

In-full, in the amount of: \$ _____ Initial: _____

Other: _____ \$ _____ Initial: _____

I, (PRINT) _____ authorize Ascot Media Group, Inc.
to charge my credit card as detailed above.

Client signature: _____ Date signed: _____

Return this form via email to your Ascot representative.