

**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: \_\_\_\_\_