



CREDIT CARD AUTHORIZATION FORM

2 Orchard Road, Jamestown, NY 14701
Phone: (716) 487-1151 | Fax: (716) 484-3535
www.MediaOneGroupRadio.com

I, _____, representing _____
(Please Print Your Name) (Please Print Your Business Name)

Located at _____
(Please Print Your Street #, Street, City, State, Zip Code)

Can be reached at these phone numbers _____
(Please List All Phone Numbers We Can Reach You At)

Do hereby authorize: [] A ONE TIME Credit Card Transaction **or** [] A REOCCURRING Credit Card Transaction
(Please Clearly Indicate Above Which Applies)

In the amount of: \$ _____ on this date of _____
(Total Transaction Amount) (Date of Transaction)

Authorization Code (If Applicable): _____ Reference Code (If Applicable): _____

Please charge my major CREDIT CARD (Circle One) → (Visa) (MasterCard) (American Express) (Discover)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE (See Example →): _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS (Required):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____



*****By authorized signature below the cardholder does hereby grant Media One Radio Group permission to charge your credit card as indicated above. The credit card charges are for the purchase of advertising and cannot be reversed or refunded in anyway shape or form.**

CARDHOLDER AUTHORIZED SIGNATURE

DATE