



Gazette Media Group

CREDIT CARD AUTHORIZATION FORM

Card Holder Name: _____

Credit Card Number: _____ CVC CODE _____

Credit Card Exp. Date: _____

Cardholder Billing Address: _____

Cardholder Phone Number: _____

Type of Credit Card (*circle*): Visa Mastercard Discover AmX

\$ Amount Authorized To Charge: _____

Description of Item Being Paid for
(newspaper ads, show space, etc.)

Frequency (*circle*): One Time Only Recurring

Number of recurring payments: _____

Start Date & End Date: _____

Company Name: _____

I authorize the Gazette Media Group to charge the above credit card for the amount(s) noted. I agree to pay the above total amount according to the card issuer agreement (merchant agreement if credit voucher). With my signature below, I certify that I am a person to use this credit card , per agreement with card issuer. The signature below authorizes the Gazette Media Group, Inc. to charge the above referenced amount. I understand and agree to relinquish all rights to dispute these charges. I also understand that upon reconciliation of the billing, Gazette Media Group will rebate the value of any and all discrepancies upon written request.

Authorized Signature: _____

Date: _____

**To Ensure Confidentiality Do Not Email This Form
Please Give Directly To Your Gazette Account Executive or Fax To: 248-524-9140**