



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: Mastercard Visa Discover AMEX Other: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ Billing Zip Code: _____

I, _____, authorize The Mediabeast Marketing Group to charge my credit card above for the agreed upon monthly budget charges. I understand that my credit card information will be saved to file for future transactions on my account.

Customer Signature

Date

Email Address for contact to receive invoice copies: _____

Email Address for contact to receive credit card receipts: _____