



Credit Card Authorization Form

Company Name: _____

Contact Person: _____

Telephone number: _____

Name as it appears on Credit Card: _____

Address (where credit card statement is mailed): _____

City: _____ State/Prov: _____ Zip/Postal: _____

VISA _____ MasterCard _____

Card Number: _____ EXP: _____ / _____
MM YY

CVN: _____ The last 3 digits on the back of your card.

Cardholder Signature: _____

Email Address where charge confirmations should be sent: _____

This form hereby authorizes Pipeline Media to charge the above credit card for services rendered. **Pipeline Media** will appear on your monthly statement.

PLEASE FAX TO 1-866-398-1940

OR EMAIL TO: sales@pipelinecom.net