



**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 \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ / \_\_\_\_\_  
MM YY

CVN: \_\_\_\_\_ (For Visa/MC/Discover this is the last 3 digits on the back of your card. For AMEX, this is a separate 4-digit number on the FRONT above the end of your card number)

Cardholder Signature: \_\_\_\_\_

Email Address where charge confirmations should be sent: \_\_\_\_\_

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

**PLEASE FAX TO 1-866-398-1940**