



Credit Card Authorization Form

Company: _____

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: _____

PLEASE FAX TO 1-866-398-1940

This form hereby authorizes Channelcast Media Corporation dba Pipeline Media ("Pipeline Media") to charge the above credit card for third party fax broadcast services rendered. Pipeline Media will appear on your monthly credit card statement.

By signing this form, Company agrees that it shall defend, indemnify and hold Pipeline Media, its directors, officers, employees, agents, contractors and affiliates, harmless from all third party claims, demands, losses, damages, costs (including reasonable legal fees and disbursements), actions or other third party proceedings made, sustained, brought or prosecuted by any third party in any manner, based upon, or occasioned by, any violation of any applicable law in connection with or related to the fax broadcast services rendered by Pipeline Media.