

**FAX TO: 888-226-0037**  
**ATTN: Accts Receivable**

**For HELP: Call 1-800-241-5458**

**AUTOMATIC PAYMENT By Credit Card Authorization Form**

**Your Company Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Use this form to authorize us to charge your Credit card for your scheduled magazine ads or bridal booth purchases. Be sure to fax in your form at least 15 days before the 1<sup>st</sup> due date to protect your discounts. Your account will be credited on the date our bank receives the funds from your credit card company. All information is required.**

1). **Select Type of Card:**     AMEX     DISC     MASTERCARD     VISA

2). **This Form is For:**     New Card     Change My Card     Cancel Card

3). **Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    **Exp Date:** \_\_\_\_/\_\_\_\_

4). **SECURITY CODE** (3-digits on back of card on far right side): \_\_\_\_\_

5). **Person or Business Named on Card:** \_\_\_\_\_

6). **Address Credit Card Bills are mailed to:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

7). **Card Holder's Phone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

8). **Monthly amount you are authorizing us to charge your card:** \$ \_\_\_\_\_

9). **Terms for Monthly automatic credit card charges.**

- a. You agree to let us charge your credit card listed above for each month that your magazine ad, show booth or brochure ad is scheduled to run, so that we receive your payment at our bank by the 20<sup>th</sup> of the month (or prior business day if the 20<sup>th</sup> falls on a weekend or a holiday).
- b. If your credit card payment is rejected for any reason, we will contact you to provide us a replacement card, or you may choose to mail us a check for the invoices due.
- c. You confirm that you understand that a requirement to earn your prepayment discounts is that we receive full payment for invoice by their respective due dates. After the due date, your rate will automatically revert to the open rate.
- d. You may change the card we charge or cancel your automatic payment program anytime you wish by sending us new credit card data or by checking words CANCEL CARD.

10). \_\_\_\_\_ (initials): **I also authorize you to charge the above card for invoices for bridal shows or facility brochures to this card when I sign new contracts upon receipt of the contract.**

11). **CARD HOLDER'S SIGNATURE:**

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_