

► Credit Card Authorization Form

INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to Saltwaters Media by fax or email

SUBMIT TO:
fax- (704) 248-2598
email- accounting@saltwatersmedia.com
Saltwaters Media LLC
ATTN: Credit Card Billing

Date _____ Invoice(s)# _____
Phone Number: _____
Email Address: _____

ALL ITEMS MUST BE COMPLETED THE SAME AS BILLING INFORMATION FOR CARD

Cardholder Name: _____
Credit Card Visa MasterCard American Express Discover
Card Number: _____
Expiration Date: _____ CVV Number: _____ (3-4 Digit Security Code)
Billing Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Country: _____

I authorize Saltwaters Media to charge my credit card in the amount of:

\$ _____ USD (U.S. Dollars)

Printed Name: _____
Signature: _____
Date: _____

FOR SALTWATERS MEDIA INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES