



CUMULUS

Credit Card Authorization Form

Please complete this form and fax it to: 803-926-0726

Station/Market: _____ Salesperson: _____ Transaction Date: _____

Customer/Business Name and Acct # _____

Pay invoice number(s)/run dates: _____

Credit Card Type: Visa - Master - Discover - Amex Expiration Date: _____

Card Number: _____ (16 digits 15digits for Amex)

CVV2/CID Number: _____ (3 digits or 4 digits for Amex) Transaction Amount: _____

Card Holder's Name (as it appears on credit card):

Name: _____

Phone: _____ Email: _____

Card Holder's Billing Address (as it appears on card holder's credit card statement):

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Purchasing Card Customers Only:

Customer or Accounting Code: _____

Customer Authorization and Signature

By signing this authorization, I authorize Cumulus to charge my credit card in the amount of the total shown above. If the company is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees which result.

By signing this authorization, I acknowledge that I have read and agree to all of the above and all information given is complete and accurate.

Cardholder's Signature

Title

Date

Business Office Use Only:

Approval/Declined Code