



Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION AND RETURN TO jrahming@eternitymg.com OR FAX TO 601.336.7188.

All information will remain confidential

Advertiser Name _____

Name on Card _____

Billing Address _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ Amex

Credit Card Number: _____

Expiration Date: Month____ Year_____

Card Identification: _____ (3 or 4 Digit Code on Card)

Amount to Charge: \$_____ (USD) Frequency of charge _____

I authorize Eternity Media Group to charge the amount listed above to the credit card provided herein. I agree to pay in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign and Date

Print Name: _____

Signature: _____

Date: _____