



CREDIT CARD AUTHORIZATION

Please complete the form as completely as possible. This authorization can be withdrawn at any time by canceling in writing and will remain in effect until canceled.

Company Name: _____

Credit Card Information

Credit Card Company:

☐ Mastercard

☐ Visa

☐ Discover

☐ AMEX

☐ Other _____

(*There is a 3% Surcharge for ALL credit cards)

Cardholder Name (as written on the card): _____

Card Number: _____

Expiry Date: _____ CVV: _____

Billing Information:

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

I acknowledge that this authorization will remain in effect until it is canceled in writing. I also agree to notify Brayden Madison Broadcasting (WHIN Radio 100.7FM/1010AM) in writing of any changes in my account information and termination of this authorization at least 15 days before the next scheduled billing date. If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day.

I also certify that I am the owner of the credit card described above and will not dispute the scheduled payments with my bank/credit card company, provided that the transactions correctly correspond with the terms written on this authorization form.

Authorized Signature _____ Date ____/____/____

Print Name _____

Contact your sales representative to cancel authorization for recurring charges