



CREDIT CARD AUTHORIZATION FORM

Y-Town Radio Broadcasting, LLC

Star 94.7/WGFT-AM Youngstown-Warren, OH

Date: _____

Client Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Card Type: (Visa, Master Card, etc) _____
Due to extremely high processing costs, we do not accept American Express transactions

Card Number: _____ Expiration Date: _____

"V" Number (3 digit code on back of card): _____

Name of Card Holder (as printed on credit card): _____

Signature of Authorized Card Holder: _____

Amount: \$ _____ (please add 2% to cover the cost of credit card processing fees)

I am authorizing a one-time payment. I will submit a new authorization form for future payments.

I am authorizing recurring weekly or monthly payments as noted below:

Automatic recurring payments, specific day of week or month. Example: Weekly: Monday, Tuesday, Wednesday...or, Monthly: 1st, 15th, 30th, etc. _____

I am authorizing payment on my credit card. Please keep this authorization on file for future charges. I will send notification by email or fax when I would like to make another payment.

Invoice/Contract Number to be paid: _____

Your Star 94.7 Account Manager: _____

***** If a receipt is required, please fill out Fax #/e-mail address/or mailing address below *****

Fax # _____ e-mail address _____

Mailing address (if different than above): _____

Please note: This charge will appear on your credit card statement as: Y-Town Radio Broadcasting, LLC.