CREDIT CARD PAYMENT AUTHORIZATION FORM

Client Name: _____

Credit Card Holder: _____
(***EXACT*** name on credit card)

Address: _____
(***EXACT*** address credit card billing is sent to)

Credit Card Number: _____ _____ _____ _____ Exp **Date:** _____

Verification Number: _____ CC **Type:**_____**Charge Amount:**_____

Stations Applied To: KDXY/KDXY-HD2/KDXY-HD3/KJBX/KJBX-HD2/KEGI A.E._____

Card Holder Signature: _____

I authorize Saga Communications of AR, LLC (dba: Jonesboro Media Group) to process the above card as payment for services provided by the company

(Office use only)

DATE:	AMOUNT:	INTIALS:	DATE:	AMOUNT:	INTIALS: