

## Credit Card Authorization Form

|  |  |  |
|--|--|--|
| <b>Credit Card Billing Information:</b>  |  |  |
| <b>CLIENT COMPANY NAME / Individual Name:</b>  |  |  |
| <b>Person Authorizing:</b>   |  |  |
| <b>Credit Card Type:</b>   | Visa [    ]<br>MasterCard [    ]<br>Amex [    ]<br>Discover / Novus [    ]<br>Other, please specify: _____ |  |
| <b>Issuing Bank:</b>   |  |  |
| <b>Credit Card Number:</b>   |  |  |
| <b>Enter CVC number:</b>   | Last 3 digits from the back of card or 4 digits from face of card.   |  |
| <b>Expiration Date:</b>  |  |  |
| <b>Billing Address:</b>  |  |  |
| <b>City:</b>   |  |  |
| <b>State/Province:</b>   |  |  |
| <b>Zip/Postal Code:</b>  |  |  |
| <b>Country:</b>  |  |  |
| <b>Phone Number:</b>   |  |  |
| <b>Fax Number:</b>   |  |  |
| <b>Please select one of the Following Payment Options:</b>   |  |  |
| <b>Once</b>  | Bill my credit card once for the following amount:   |  |
|  | Please apply this payment to the following Invoice #   |  |
| <b>Monthly</b>   | Bill my credit card once per month for the services provided by Cyber PR                                   |  |
| Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at Cyber PR's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to <a href="mailto:ariel@arielpublicity.com">ariel@arielpublicity.com</a> or call Cyber PR's office at (212) 239-8384. Changes in the status of this card can also be reported to <a href="mailto:ariel@arielpublicity.com">ariel@arielpublicity.com</a> or call Cyber PR's office at (212) 239-8384. |  |  |

**The undersigned is the duly authorized representative of the Client named above.**

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_