THE DENTON ORATOR

Credit Card Authorization Form

Please complete and email to info@carolinashighwaysmag.com or DentonOrator@gmail.com

Company: _____

Description/Contract/Invoice # _____

Name as it appears on Card: _____

Billing Address

Address 1: _____

Address 2: _____

City: _____ State _____ Zip: _____

Contact Phone: _____

Email Address: _____

Amount to be charged on Card: $ _____

☐ I authorize the referenced card to be charged one time in the amount shown

_____

Authorized Signature Date

In accordance with PCI (Payment Card Industry) Compliance rules and regulations the below information will be destroyed once the card has been processed.

Type: (check one) ☐ **Visa** ☐ **Master Card** ☐ **American Express** ☐ **Discover**

Credit Card Number: _____ Exp Date: _____

CVV: _____

(3 or 4 digits on back of card)