



CREDIT CARD PAYMENT & AUTHORIZATION FORM

PLEASE FAX BACK COMPLETED AND SIGNED TO **1-703-649-6495**

OR EMAIL TO: TINA@TALK19MEDIA.COM

CLIENT NAME:

Transaction Date: _____ Amount: \$ _____ Reference: _____

Credit Card Type: **VISA - MASTERCARD - DISCOVER - AMERICAN EXPRESS (Circle One)**

Card Number: _____ (16 digits V/MC/D or 15 digits AMEX)

Expiration Date: _____ CVV2/CID Number: _____ (3 digits V/MC/D or 4 digits for AMEX)

CARD HOLDER'S NAME (AS IT APPEARS ON CREDIT CARD, PLEASE PRINT CLEARLY):

Name: _____

Phone: _____ Email Receipt to: _____

CARD HOLDER'S BILLING ADDRESS (AS IT APPEARS ON BILLING STATEMENT):

Address: _____

City: _____ State: _____ Zip Code: _____

AUTHORIZATION AND SIGNATURE:

By signing this authorization, I authorize Talk19 Media, LLC to charge my credit card in the amount of the total shown above. If the company is unable to process my payment, an alternate payment will be arranged. A payment receipt will be mailed to the email above. The information given is complete and accurate. I understand the charge on my credit card will appear on billing statement as **TALK 19 MEDIA, LLC * SQUARE INC.**

X _____
Cardholder's Signature

Date