



CREDIT CARD AUTHORIZATION FORM

Date: _____

To: _____ Fax No: _____

Station: _____

Phone No: _____

Business Office Fax: 916-338-9208

**PLEASE FILL IN ALL INFORMATION REQUESTED BELOW, SIGN, DATE,
AND FAX BACK TO THE NUMBER ABOVE.**

CARD TYPE: _____ EXPIRATION DATE: _____

ACCOUNT NO: _____

NAME ON CARD: _____

SIGNER'S NAME (if different from above): _____

BILLING ADDRESS (Billing address and phone number associated with credit card are **required**.)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

DOLLAR AMOUNT TO BE CHARGED: \$ _____

AUTHORIZED SIGNATURE: _____ DATE: _____

THANK YOU FOR REGISTERING WITH CBS RADIO.