

CREDIT CARD AUTHORIZATION

Name As Appears On Card: _____

MNI Account Number (if any): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Email Address: _____

Card Type: **Visa** **MasterCard** **Discover** **AMEX**

Card Number _____

Extension (3-dgt on back of card): _____

Expiration Date: _____ / _____

Circle One
One Time Only
Monthly Weekly

Charge Amount \$ _____

Reference	Date	Amount

I agree to the amount listed above and acknowledge that the amount will be charge to my credit card listed. (fees may apply)

Signature

Date

Title

*Please fax complete form to
818.240.7284 or email
Sam@madernews.com*