



# The Miami Times

Print Advertising | Digital Marketing | Custom Content

## CREDIT CARD BILLING AUTHORIZATION FORM

### Credit Card Billing Information:

NAME / COMPANY NAME:

Person Authorizing:

Credit Card Type:

Credit Card Number:

Enter CVC (Security Code):

Expiration Date:

Billing Address:

City:

State/Province:

Zip/Postal Code:

Phone Number:

Fax Number:

### Please select one of the Following Payment Options:

Once

Bill my credit card once for the following amount:

Monthly

Bill my credit card once per month for the following amount:

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all advertising orders may be immediately terminated at company's discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to The Miami Times Accounts Receivables Department, 900 NW 54th Street Miami, FL 33127-1818, 305-694-6210 .

The undersigned is the duly authorized representative of \_\_\_\_\_.

Authorized Signature:

Date: