



Credit Card Authorization Form



Company Information

Company Name: _____

Contact Name: _____

Phone : _____ Fax: _____

E-Mail: _____ Total Amount of charge: _____

Reason for credit card payment: _____

Payment - For your security, do not submit via e-mail.

Circle payment type: VISA MASTERCARD DISCOVER

Name as it appears on the card: _____ 3 Digit Code: _____

Account Number: _____ Expiration Date: _____

Billing Address for the card: _____

City: _____ State: _____ Zip: _____

Authorized Signature:* _____

*By signing this form I authorize Georgia Press Association/Georgia Newspaper Service to charge my credit card the amount stated above.

Please return completed form by mail or fax to:

Georgia Press Association • 3066 Mercer University Dr., Atlanta GA 30341

770-454-6776 • FAX 770-454-6778 • FOR YOUR SECURITY, DO NOT SUBMIT VIA E-MAIL.
