CREDIT CARD AUTHORIZATION FORM

Processing Date:_____   **Transaction Amount:**_____

Booth Holder Name: _____

Event: __WLGS_____

Credit Card Type: _____   **Expiration Date:** _____

Credit Card Number: _____
(16 digits 15 digits for Amex)

CVV2/CID Number (Security Code):_____(3 digits or 4 digits for Amex)

Card Holder's Name:

    Name (as it appears on credit card)_____

    Phone:_____ **Email:**_____

Card Holder's Billing Address (as it appears on card holder's credit card statement):

    Street 1:_____

    Street 2:_____

    City:_____ **State:**_____ **Zip Code:**_____

Customer Authorization Signature

By signing this authorization, I authorize Waterloo Broadcasting to charge my credit card in the amount of the total shown above. If the company is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees which result.

By signing this authorization, I acknowledge that I have read and agree to all of the above and all information given is complete and accurate.

_____   _____
Cardholder's Signature   **Date:**