



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 Townsquare Media Waterloo 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: _____