Eves Broadcasting Inc.

Credit Card Authorization

Sign and complete this form to authorize Eves Broadcasting Inc. to make a one-time or recurring debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Cardholder Information

Customer Name: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Payment Terms (Select One)
[ ] One-Time Charge
Authorize a one-time charge of $_____ on or after [Date: _____]

[ ] Recurring Charges
Authorize recurring charges of $_____ to be processed on the _____ day of each _____[Week / Month / Quarter] for _____[Number of Months / Until Canceled].

Credit Card Information
Card Type: [ ] Visa | [ ] MasterCard | [ ] American Express | [ ] Discover

Cardholder Name (as it appears on the card): _____

Card Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY): _____ / _____

Security Code (CVV): _____

Eves Broadcasting Inc.

Credit Card Authorization

Authorization & Signature

I authorize Eves Broadcasting Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described as _____.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____

Date: _____

Eves Broadcasting Inc.