



## Credit Card Authorization Form

Fill in all information and fax back to us at:  
Private Fax: 877-484-8836

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Card:  Visa  MC  Discover  AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Invoice/Order Number(s): \_\_\_\_\_

Advertiser: \_\_\_\_\_

Please check one of the following.

I authorize Extreme Reach, Inc. to process a one-time charge in the amount of \$ \_\_\_\_\_

I authorize Extreme Reach, Inc. to keep this card on file for all future charges.  
(Select One)

with email authorization

without email authorization

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_