

# Credit Card Authorization Form

Fill in all information and fax or scan/email **ONLY TO:**  
Private fax: 877-484-8836 or email: [cc\\_orders@extremereach.com](mailto:cc_orders@extremereach.com)

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: \_\_\_\_\_

Please check one of the following:

I authorize Extreme Reach, Inc. to process a one time charge in the amount of \$ \_\_\_\_\_  
for Invoice/Order Number(s): \_\_\_\_\_  
Advertiser: \_\_\_\_\_

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: \_\_\_\_\_