



1660 N. 4th Street
Suite W
Laramie, WY 82072
307-742-2379
www.myhits106.com



CREDIT CARD PAYMENT AUTHORIZATION FORM

Advertiser Business Name: _____

Credit Card Type: _____ Expiration Date: _____

Card Number: _____ CVV2/CID Code: _____

Name (as it appears on card): _____

Statement Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

For single charge authorization:

Approved date to charge: _____ Approved amount to charge: _____

If you would like your bill paid automatically each month please indicate:

Pay full balance due: _____ or Pay this amount: _____

On _____ day of the month. Email Address: _____

This recurring authorization will remain in effect until cancelled by cardholder

By signing this form, I authorize Wolf Creek Radio Broadcasting, LLC to charge my credit card as outlined above. For recurring payments I understand that my card information will be saved to file for future transactions on my account. If the company is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees which may 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

Please return via fax to 307-460-3439, email to billing@myhits106.com,
or mail to PO Box 610 Laramie, WY 82073