



CREDIT CARD AUTHORIZATION

Company Name: _____

Account Number: _____ Invoice Number: _____

Cardholder Name: _____
(as it appears on card)

Billing Address: _____

City: _____ State: _____ Zip: _____

☐ VISA ☐ MC ☐ AMEX DISCOVER

Credit Card Number: _____

Exp. Date: _____ CVV Code: _____

Amount: \$ _____

A 1% surcharge fee will be added to your total for all credit card transactions.
If you wish to switch to ACH, please contact us.

I hereby authorize Endeavor Business Media to charge
my credit card on _____ (date).

Authorization Signature

Date

Please send receipt to: _____

Forms may be faxed to: 920-968-5867
Or E-Mailed to AccountsReceivable@endeavorb2b.com
Phone number: 920-221-1777

We appreciate your business. Thank you.