

RADIO

Raleigh, NC

ONE

THE URBAN RADIO SPECIALIST

Date: ____ - ____ - ____

Market: Raleigh/Durham

Credit Card Payment Process Form

Card Holder's Name: _____

Address: _____

_____ - _____

City

State

Zip

+Four

Type of Card: MASTER CARD VISA AMEX

Credit Card Number: _____ - _____ - _____

3 digits on back of card: _____

Expiration Date: ____ / ____
MM YY

Amount of: Refund
 Purchase _____ Approval#: _____

Signature of Purchaser: _____

Business Office Signature: _____

AE _____ Station _____

Broadcast Schedule Name _____

Dates being paid for _____