STERLING-HOFFMAN

Corporate Account
Credit Card Authorization/Charge Form
(The Sterling Report – Advertising)

Name of Organization: _____ **Cust #:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____
Contact Phone #: _____

I authorize use of my credit card to secure payment for my account with Sterling-Hoffman.

If you are using this form to change your credit card information you do not need to complete this next section.

☐ This time only: **Invoice #*(s)*:** _____

Authorized Amount $ _____

☐ Recurring each month:* Authorized Amount $ _____

**Amount billed each month may vary, depending upon use.*

TYPE OF CREDIT CARD: VISA Master Card

Credit Card # _____ **Exp. Date:** _____

Credit Card Security # (last 3 or 4 digits on back of card) _____
Card Holder's Name: _____

Authorized Signature: _____
Title: _____ **Date:** _____

Please return by fax to: (416) 979-0768 *secure line*
Attn: Steve Brennan