

**LEIGHTON BROADCASTING**  
**619 W ST GERMAIN**  
**ST CLOUD, MN 56301**  
**Fax # 320-251-8952**

**CREDIT CARD PAYMENT AUTHORIZATION**

DATE \_\_\_\_\_

CUSTOMER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CARD HOLDERS NAME \_\_\_\_\_

CARD HOLDERS ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP

TYPE OF CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_

CVV CODE \_\_\_\_\_ (LAST THREE DIGITS BY SIGNATURE LINE ON BACK OF CARD)

DOLLAR AMOUNT \_\_\_\_\_

**I AUTHORIZE LEIGHTON BROADCASTING TO PROCESS THE ABOVE CREDIT CARD PAYMENT AND APPLY PAYMENT TO THE CUSTOMERS ACCOUNT NAMED ABOVE. I CERTIFY THAT I AM AN AUTHORIZED SIGNER ON THE CARD LISTED ABOVE.**

AUTHORIZING SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_