



Email: information@adnet-nyc.com
Web Site: www.adnet-nyc.com

CREDIT CARD AUTHORIZATION

Attention: Accounts Department

Name _____ Ad# or Invoice# _____

Address _____

City, State, Zip _____

Phone _____ Ext _____

Email (For Receipt) _____

I authorize **AdNet Advertising Agency, Inc.**

to use the credit card as follows, for: ☐ **Payment** ☐ **As Backup Only** ☐ **Hold On File For Future Use**

Credit Card ☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Card Number _____ Expiry Date _____ Security Code _____

Name On Card _____

Card Billing Address _____

☐ Same As Above

Amount (\$) _____

Signature _____ Date _____

IMPORTANT

PLEASE COMPLETE ALL FIELDS IN THIS FORM. INCOMPLETE FORMS WILL NOT BE ACCEPTED.
EMAIL TO INFORMATION@ADNET-NYC.COM OR FAX TO 212-406-4648

IF CHARGES ARE DISPUTED, YOU MAY BE CHARGED A PROCESSING FEE OF \$25.00 FOR THE CARD TO BE
CHARGED AGAIN

THANK YOU FOR YOUR BUSINESS

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