

**V3 Mediaworks**  
**CREDIT CARD AUTHORIZATION FORM**



Box 508 Lantzville, BC V0R 2H0  
Telephone (250) 933-3333 Fax (250) 244-3600

For your convenience, V3 Mediaworks offers an option to pay by credit card. Should you wish to pay your current account and/or monthly invoice by credit card, we require your permission to debit your credit card. Please complete and agree to the following as it applies to you:

\_\_\_ I authorize V3 Mediaworks to debit my credit card on or around the 20<sup>th</sup> of each month for the amount owing on my account.

\_\_\_ I authorize V3 Mediaworks to debit my credit card each month for the amount of \$ \_\_\_\_\_ CAD.

\_\_\_ I authorize V3 Mediaworks to debit my credit card for a one-time amount of \$ \_\_\_\_\_ CAD.

Company name / V3 Mediaworks Account Name: \_\_\_\_\_

Your name as it appears on credit card: \_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ Mastercard

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Verification # \_\_\_\_\_ (Mastercard/Visa – final 3 digit number on back of card)

**By signing this authorization form, you are authorizing V3 Mediaworks to process your credit card only for the amount and/or frequency as specified above. Returned payments may be subject to a \$25.00 service charge.**

Do you want us to keep your credit card info on file for future reference? \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address for your credit card: \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Today's Date \_\_\_\_\_

**Once you have provided us with all of this required information, please return to us by fax (250) 244-3600 or by mail to the address above. Thank You!**