



The Villadom Times, Inc.

**CREDIT CARD AUTHORIZATION FORM**

Date	
Account ID	
Customer Name	
Customer Contact Name	
Customer Phone Number	
Customer Email Address (To send copy of charges)	
Credit Card Type: (Circle One)	MASTERCARD    VISA                  DISCOVER
Name on Credit Card	
Billing Street Address	
Billing City, State	
Billing Zip Code	
Credit Card Number:	
Expiration Date:	
3 Digit CID (rear of card)	
Amount of Charge	Actual / Estimated (circle one)
Recurring Payment Authorization (circle)	YES                          NO

Signature \_\_\_\_\_

I agree to pay the agreed-to amount for advertising in the Villadom Times. Authorization is hereby given to the Villadom Times to collect payment via credit/debit card from the above name authorized individual.

PO Box 96  
333 Godwin Avenue  
Midland Park, NJ 07432  
Phone (201)652-0744  
Fax (201)670-4745  
[Email:vtbilling@villadom.com](mailto:vtbilling@villadom.com)