



CREDIT CARD AUTHORIZATION FORM

I hereby authorize The Island Packet to charge my credit card for advertising services.

Credit card (please circle): Visa MasterCard Discover American Express

Company name on card, if applicable (please print):

Cardholder name as it appears on card (please print):

Credit Card account number:

Date of expiration:

Amount approved to be charged:

Credit Card Billing Address:

Authorized by (please print)

Authorized signature and title

Date

Please complete the above and fax to:

<u>Wendy Monro</u>	<u>843-706-8239</u>	<u>843-706-8235</u>
Representative name	Fax Number	Phone

To be completed by The Island Packet:

Account Name

Account Number

Fax Number

10 Buck Island Road
Bluffton, SC 29910

P.O. Box 5727
Hilton Head Island
SC 29938

<http://www.islandpacket.com>
e-mail: info@islandpacket.com