



CREDIT CARD AUTHORIZATION FOR PAYMENT

The Credit Card Auto Pay process will allow monthly bills to be paid on time every month, without the hassles of postal mail. It is not required but included for your convenience. Invoices will continue to be mailed with receipts, to show payments have been received.

All the information on the form below is required. Don't forget to sign it and return it to our office via fax or postal mail. If the form is e-mailed back to the office, it is hereby recognized as a signed document with your e-mail address as the signature.

Payment Information:

Cardholder Name: _____

Company (if applicable) _____

Billing Address: _____

Phone: _____

Fax: _____

E-mail: _____

Type of Card: ___ Visa ___ MasterCard ___ American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Payment Options:

___ **One Time Payment:** I authorize Ruralnorthwest.com, Inc. to charge the above card for a one time payment amount of \$_____ for advertising. I have read and understand the advertising rates, including the payment policy, and agree to the terms. I also understand that I may enroll in the Monthly Payment option at any time.

___ **Monthly Payment:** I authorize Ruralnorthwest.com, Inc. to charge the above card my monthly advertising bill on the 1st day of each month, however if the 1st falls on a holiday or weekend, I authorize the charge on the next business day. I understand that I may cancel Credit Card Auto Pay at any time in writing, without penalties.

*** By signing this order form, I acknowledge I have received and read the payment policy.**

Signature: _____ Date: _____