



**CREDIT CARD FAX AUTHORIZATION FORM**

This Information is confidential. This form will only be kept by  
*The San Diego Voice & Viewpoint Newspaper's* accounting department.  
Please complete and fax back to (619) 266-0533

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Type (Check one): Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/year)

Verification Code: \_\_\_\_\_ (last 3 digits on signature panel)

I hereby authorize *The San Diego Voice & Viewpoint Newspaper* to charge my credit card for the transaction dated \_\_\_\_\_ in the amount of \$\_\_\_\_\_

Transaction Type (select one) :

- Fictitious Business Name \_\_\_\_\_
- Summons \_\_\_\_\_
- Probate \_\_\_\_\_
- Classified Advertisement \_\_\_\_\_
- Coverage Request \_\_\_\_\_
- Subscription \_\_\_\_\_
- Other \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_