



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: _____