



Gold Medal Media Group

I authorize Gold Medal Media Group to charge my credit card.

VISA

MASTERCARD

DISCOVER

Amount: \$ _____

One time only on or after _____
date

Recurring Weekly on or after _____
date

*Recurring monthly on or after _____
date

Credit Card Number: _____

Expiration Date: _____

Three Digit Code: (CSC) _____

Cardholder Name: _____

Cardholder Phone #: _____

Client Name: _____

Customer Number: _____

Billing Address: _____

Cardholder Signature: _____

Special Request _____

FAX TO 952-681-7690 OR EMAIL TO accounting@goldmedalmediagroup.com