



## Credit Card Authorization Form

Please fill out, sign and return this form to the business office of CCI – CFC A/R, PO Box 105353, Atlanta, GA 30348 or CFC\_AR@coxmedia.com or fax to (404) 269-3298. Cox Media must have this form on file to bill your credit card.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Credit Card Type (Check One): ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

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

Expiration Date: \_\_\_\_ / \_\_\_\_

Total Amount to be charged: \_\_\_\_\_

Credit Card Holder's Name (print): \_\_\_\_\_  
(Exactly as it appears on the credit card)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Client Name	Client Number	Invoice Number or CIA	Amount

By signing this authorization form you agree to a one-time charge to your credit card for payment of the Cox Media invoices listed above. For eSignatures please type your name in on the signature line below. If your credit card is lost or stolen you agree to notify Cox Media at once by calling during normal business hours 8:30 am – 8:30 pm ET or by writing to Cox Media at [CFC\\_AR@coxmedia.com](mailto:CFC_AR@coxmedia.com) or by calling (877) 695-3338.

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