



Credit Card Authorization Form
(Recurring Charges)

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

Client Name: _____

Cox Media Client#: _____

Client Phone Number: _____

Client Email: _____

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

Credit Card Number: _____

Expiration Date: ____/____/____

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

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: _____ - _____ - _____

I authorize Cox Media to initiate a recurring charge to the credit card indicated above for the total amount due each month for my Cox Media services.

☐ I am a cash-in-advance client of Cox Media. My credit card will be processed prior to the start of the schedule airing.

☐ I am a credit client of Cox Media. Please bill me on the _____ day of each month.

I also authorize charges for any additional related services that I may incur for Production. Charges to my account may vary from month to month. Cox Media will provide notice to me if the range of charges exceed \$_____ [enter amount based on customer's highest bill plus 20%] per month. For eSignatures please type your name on the signature line below.

I understand that I may cancel my recurring charge upon written notice to Cox Media at e-mail **CFC_AR@coxmedia.com** allowing a reasonable time for action on my cancellation notice.

If you have any questions about this transaction or if the credit card indicated above is lost or stolen, I agree to notify Cox Media at once by calling during normal business hours 1-877-695-3338 (8:30 AM ET – 8:30 PM ET) or by writing to Cox Media at mailing address **CCI – CFC A/R, PO Box 105353, Atlanta, GA 30348 or fax to (404) 269-3298.**

Card Holder Signature: _____ Date: _____

Please allow 30-60 days after enrollment for automatic payments to begin.

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