





WWNO 89.9 FM
University of New Orleans
2000 Lakeshore Dr.
New Orleans, LA 70148
Telephone: 504-280-7000

CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION	
Company Name:	Name on card:
Card Holder Billing Address:	
City:	State: Zip:
Telephone:	Email Address

PAYMENT AUTHORIZATION		
Invoice Number :		
<p>Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Amount to be charged: _____</p> <p>Card Number: _____ American Express Visa, Discover, and MasterCard Expiration Date: _____</p> <p>Card Verification Number: _____</p> <p><i>Please reference the picture to the right for The location of this number on your card. (CVV2)</i></p> <p><i>Visa, Discover and MasterCard: 3 digits on back American Express: 4 digits on front</i></p>		
<div></div> <p>4 Digit Card Verification Number 3 Digit Card Verification Number</p>		
<p>I wish to authorize the purchase of services from WWNO 89.9 FM using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold WWNO 89.9 FM harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature</p>		
Email completed form to Jameeta@wnno.org or fax to (504) 280-6061.		
_____	_____	_____
Print Name	Signature	Date