

CityNewsGuide

Payment Authorization Form

Please fill out this form to authorize billing by credit charge or business check for services from CityNewsGuide. You can also scan and email this form to authorize@CityNewsGuide.net. By signing and completing this form, you authorize AACme, LLC dba CityNewsGuide to charge your credit card or bill you for services from CityNewsGuide as outlined below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until AACme, LLC dba CityNewsGuide is notified by you in writing to cancel it (with 2 weeks' notice).

Payment due upon acceptance of services: If mailing payment send to: P.O. Box 2714, Sioux City, IA 51106

Step 1 - Personal Information:

(Name) PLEASE PRINT (If using Credit/Debit Card as appears on card)

(Street Address, City, State, Zip Code)

(Phone Number) Mobile number preferred.

(Email Address)

Step 2 - Billing Information: (Please Select Payment Method)

Business Check _____ OR

Credit/Debit Card - Please circle one: Visa / MasterCard

Account Number: _____

Expiration Date: _____ Security Code: _____

Step 3 - Pricing Information:

Service Fee (\$USD): _____

Authorization Billing Period: Monthly _____ Yearly _____

We will bill monthly for all digital advertising services.

Paying in advance for a full 12 month period will command a 10% discount.

Please check this box if you want this convenient option and savings. _____

(Cardholder / Authorized Signature)

(Effective Date)