



## Credit Card Signature on File Authorization Form

Please complete and sign this form if you wish to have *Smoke Signals* keep your credit card on file for future charges associated with *Smoke Signals* advertising. All requested information is required. Upon approval, we will automatically bill your credit card as charges are incurred, and your total *Smoke Signals* charges will appear on your regular credit card statement. You may cancel this automatic billing authorization at any time by notifying us in writing at the address on the bottom of this form, or via email at [ccauthorization@bigcanoenews.com](mailto:ccauthorization@bigcanoenews.com).

PLEASE CHECK ONE:  AMERICAN EXPRESS  MASTERCARD  VISA  DISCOVER

PLEASE CHECK ONE:  CORPORATE CARD  PERSONAL CARD

***PLEASE PRINT CLEARLY***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CREDIT CARD NUMBER EXPIRATION DATE

\_\_\_\_\_  
SECURITY CODE (3 DIGIT CODE ON BACK OF MC/VISA CARD, 4 DIGITS ON FRONT OF AMEX CARD)

\_\_\_\_\_  
CREDIT CARDHOLDER NAME EXACTLY AS IT APPEARS ON CARD

\_\_\_\_\_  
BILLING ADDRESS FOR THIS CARD

\_\_\_\_\_  
COMPANY NAME (IF CORPORATE CARD)

The undersigned agrees and authorizes *Smoke Signals* to charge the credit card above for charges incurred by the named individual/business.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME CLEARLY

**MAIL COMPLETED FORM TO:**

*Smoke Signals Community Services, Inc.*  
Attn: Accounting Department  
11293 Big Canoe  
Jasper, GA 30143