

Catamaran Media



Credit Card Authorization Form

Company Name _____

Company Key _____ Sales Rep _____

Name on Card _____

Billing Address _____

Street Address/PO Box

City _____ State _____ Zip _____

Phone _____ Ext _____

CC# _____

Expiration Date ____ / ____ / ____

Amount Charged \$ _____

Explanation of Charges:

Authorized Signature: _____ Date / / 09

Approval # _____ Date / / 09