

Credit Card Payment

Payment For: **ADVERTISING** Date: _____

Company: _____ Payment: \$ _____

Name on Credit Card: _____

CC Billing Address: _____

Card Type: Visa MasterCard

Card #: _____ Expires: _____

CVC Code: _____

I authorize HHP to
charge my card on the
first of the month
for _____ months:

Signature: _____