



Upstate Billing Department

Phone: 864-248-4910

Fax: 864-569-0792

Email: Publisher@UpstateNA.com

Credit Card Billing Authorization Form

I authorize natural Awakenings to bill the credit card listed below as specified:

Amount First Month: \$ _____

Amount Monthly Rate: \$ _____

Frequency: Once* 3 Months* 6 Months 12 Months

I give permission to charge the credit card on file.

* Seasonal and Events Only

Start Billing Date: _____

End Billing Date: _____

End Billing:

On Contract Expiration

One Time Charge

Credit Cardholder Information

Type of Credit Card: VISA MASTERCARD

Name as it appears on credit card: _____

Expiration Date: _____

Credit Card Number: _____

Card Identification Number: _____



Billing Address: _____

City, State, Zip: _____

Phone: _____

Cardholder's Signature: _____

Date: _____

Terms and Conditions:

All parties who with intent to sign and/or endorse contractual obligations surrounding advertising within Upstate Natural Awakenings, agree to be personally responsible for any and all outstanding debt to publisher. Credit Card Charges: Your credit card account will be billed between the 5th and 15th business day of the month prior to publication. All advertising must be prepaid. Broken Contracts: Unearned discounts and an administrative fee of 25% of your monthly rate may be imposed (minimum of \$20). Should this become a collection problem, the client assumes all costs of collection, including, but not limited to court costs, interest and legal fees.