



**Upstate Billing Department**  
**Phone:** 864-248-4910  
**Email:** [Publisher@UpstateNA.com](mailto: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.

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.