

7322 S.W. Freeway, Suite #800 Houston, Texas 77074

Phone: 713.373.5577

PAYMENT AUTHORIZATION FORM

We authorize Vaskey Media Group, Inc. to electronically debit	
Wo	
our account by ACH or Debit/Credit Card in payment	
Date / / Invoice Ref. #	
PAYMENT METHOD	
ACH Checking Savings Name on Account:	
Account Number: Routing Number:	
Credit Card	
Cardholder Name: Company Name:	
Billing Address:	—
City: State: Zip:	
Phone Number: Email:	_
CREDIT CARD INFORMATION	
Card type: Usa Masterard American Express	
Card Number: Expiration Date:	
Card Identification Number (CVV Code/3-4 Security Code):	
PAYMENT AUTHORIZATION/FREQUENCY	
	كالاسر
I authorize Vaskey Media Group, Inc. to charge my credit card in the amount of \$USD (U.S. Dollars)	
I authorize a payment plan 🔲 Bi-Weekly 🔲 Monthly 🔲 Quarterly 🔲 Yearly	
in the amount of \$ USD (U.S. Dollars)	
Signature:	
Print name as it appears on credit card:	
Date:	