



**P. O. Box 332, Montmorenci, SC 29839  
Voice: 803-643-9960; Fax: 803-643-4022**

**For customer use only. You may use this fax cover sheet when faxing the authorization form back to Accounting**

To:           Accounts, The Aiken Horse  
                  Fax #: 803-643-4022

Date:           \_\_\_\_\_

I do hereby authorize The Aiken Horse to charge my credit card per the attached Authorization Form. I understand that if I have a multiple insertion contract, I will be charged at deadline for my advertisement, unless I have made other arrangements to pay my bill. I understand that I will be informed of any additional charges which may be incurred and that my debit/credit card will be charged for these additional charges. I will receive copies of all charges to my debit/credit card and promise to pay such TOTAL subject to and in accordance with the agreement governing the use of my card.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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**Credit/Debit Card Authorization Form**

Name on Card/  
Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Card:     Mastercard             Visa

Account #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code \_\_\_\_\_

**Description of Charges:**

Ad Size: \_\_\_\_\_

Frequency: \_\_\_\_\_

Amount Per issue: \_\_\_\_\_

Total: \_\_\_\_\_

Submitted by: \_\_\_\_\_

\_\_\_\_\_

**Customer Signature**

**Date**

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due therein) subject to and in accordance with the agreement governing the use of such card.

You may fill this form in on your computer and email it back to [editor@theaikenhorse.com](mailto:editor@theaikenhorse.com) or FAX it to 803-643-4022