



# Credit Card Authorization Form

**PLEASE COMPLETE THE INFORMATION BELOW AND FAX BACK TO: 203.571.3355**

I authorize DCA Business Media LLC (dba SHOOT & shootonline.com) to charge to the following described credit card the CHARGES for purchase of goods and/or services in the amount of:

\*\$\_\_\_\_\_ U.S. Dollars for: \_\_\_ Advertising space \_\_\_ Subscription \_\_\_ Other (\_\_\_\_\_)

Name On Card\*: \_\_\_\_\_ \*Security Code \_\_\_\_\_  
Last 3 or 4 digits on backside of card

Credit Card Type\*: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover

Credit Card Number\*: \_\_\_\_\_ Exp. Date\*: \_\_\_\_\_

*Cardholder's Contact Information, including billing address:*

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

Suite/Apt. No.\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State/Province/District\*: \_\_\_\_\_

Country\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Contact Phone\*: \_\_\_\_\_ Billing Address Phone: \_\_\_\_\_

Billing Address Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Signature\*: \_\_\_\_\_ Business Name\*: \_\_\_\_\_

Printed Name\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

\* Denotes required information to process.