



CREDIT CARD AUTHORIZATION MULTI-PARK FORM

I hereby authorize **SEPI MARKETING Corp.** to charge my credit card as shown below:

Type of Card: VISA MasterCard Discover

Issuing Bank: _____ Marketing Consultant: _____

Business Name		Name On Card	
Billing Address	Billing City	Billing State	Billing Zip Code
Card Number	Expiration Date	Card Security Digits (CVV): 3 digit code on back of card	
Establishment 1	Establishment City 1	Est. State 1	Ad Price Est. 1
Establishment 2	Establishment City 2	Est. State 2	Ad Price Est. 2
Establishment 3	Establishment City 3	Est. State 3	Ad Price Est. 3
Establishment 4	Establishment City 4	Est. State 4	Ad Price Est. 4
Establishment 5	Establishment City 5	Est. State 5	Ad Price Est. 5
Establishment 6	Establishment City 6	Est. State 6	Ad Price Est. 6
Establishment 7	Establishment City 7	Est. State 7	Ad Price Est. 7

Special Instructions: _____

Total Amount: \$ _____
Amount Paid: \$ _____ -
Balance Due: \$ _____

**** ALL FIELDS ARE REQUIRED ****

I further agree with and understand:

- the terms set forth by the merchant agreement in effect for the card shown above
- that I waive my right to dispute any credit card charge for services rendered and/or products delivered
- that absolutely no cancellations are accepted and no refunds are given

Authorized Signature: _____ Date: _____

If Signature Same Different than below

Please Print Signature and Title: _____

Print Signature

Print Title

Print Name: _____ Title: _____

E-Mail Address to send credit card transaction: _____

PLEASE FAX BACK TO: