



Northwest Arkansas

Kid's Directory of Northwest Arkansas

100 N. Dixieland Road
Suite D-2, PMB 302
Rogers, AR 72756-1123
Phone: 479-640-2469
heather@nwakidsdirectory.com
www.nwakidsdirectory.com

Credit Card Authorization Form

Please use my credit card for payment: (check one)

- As default payment method:** Processed on the 10th of the month of publication.
- Upon request in lieu of check payment**
- As substitute for check payment:** If check payment has not been received by the 10th, we will process the payment by credit card.

Type of Card: — MasterCard — Visa — Discover — American Express

Card No.: _____ Expiration: _____

Verification Code: _____ (3-digit code on back of card; AMEX 4 digit on front)

Business Name: _____

Name as it appears on the Credit Card: _____

Billing Street Address: (from credit card account statement)

City

State

Zip

Telephone: _____

If payment is for someone other than the credit card holder, please identify to whom this payment is to be applied:

Date: _____

Cardholder Signature