



# Credit Card Payment Form

Business Name:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Expiration Date:	
Security #:	
Amount to be Charged:	
Receipt:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email receipt to:	
Card Number	
Customer Signature/Name:	
Address:	
Zip Code	

Payment Questions:  
Call McKenna Benjegerdes Business Office (507) 345-4537  
Email: [mckennab@radiomankato.com](mailto:mckennab@radiomankato.com)

