



*The Sound of Southern Minnesota*

## Credit Card Payment Form

Customer

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Invoice #

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Credit Card Type

VISA    MASTERCARD    DISCOVER

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Credit Card Number

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Expiration Date

---

3 Number Digit Number

---

Full Name on Card

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Need a Receipt

YES

NO

Keep card on file

YES

NO

Amount Paid

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Customer Signature

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Email information to

[jeanoachs@radiomankato.com](mailto:jeanoachs@radiomankato.com)