

The Chronicle

THE INDEPENDENT DAILY AT DUKE UNIVERSITY

Advertiser: _____

Advertising Contact & Title: _____

Email: _____

Phone: _____ Fax: _____

Credit Card Authorization

I hereby authorize the Chronicle Business office to charge to my credit card account:

Visa Mastercard American Express Discover

Company Name: _____

Name on Card: _____

Card #: _____

Exp Date: _____ Security Code: _____
3 or 4-digits

Billing Address & Zip for CC: _____

Signed: _____ Date: _____

Charge to my credit card:

Monthly Balance

As Ad Occurs

Dates Listed Below only:

Ad Date Amount

Office Use Only:
Ad Rep: _____
Cust #: _____
Ad # (s): _____