Process date: _____

Approval number: _____

MARCOA Publishing, Inc

Credit Card Authorization Form
(Advertising)

The undersigned authorizes AQP Publishing, Inc. to charge the credit card number below for advertising charges.

Cancellation Policy
Once your payment is processed we cannot issue a refund as we will have secured your ad space and declined other advertisers. Late delivery of materials may incure forfeiture of space at full cost.

Anchorage Office Fax: (907) 562-9311 or (866) 562-9311

AQP Contract # _____
Project: _____
Advertising Firm: _____
Type of Payment: ☐ Downpayment ☐ Payment

AQP Rep Name: _____
Date: _____

Card Type:
☐ Visa ☐ Master Card ☐ American Express

Card Holder Name: _____
(Must match name on card exactly)

***Credit Card #: _____

Expiration Date: _____
V-code #: _____
Charge Amount: _____

Card Billing Address: _____
City: _____
St : _____ Zip: _____
Telephone Number: _____
Fax Number: _____
Email Address _____

Authorizing Signature: _____

Anchorage MARCOA
Rev 02/11/14