



Process date: _____

Approval number: _____



MARCOA Quality Publishing, LLC

Credit Card Authorization Form (Advertising)

The undersigned authorizes MARCOA 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 incur forfeiture of space at full cost.

San Diego Fax: (858) 530-3370

MARCOA Contract # _____

Project: _____

Advertising Firm: _____

Type of Payment: ☐ Downpayment ☐ Payment

MARCOA 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: _____