



**Georgia Statewide Classified Advertising Network (GaScan)
Georgia Display Advertising Network (GDAN)**



Credit Card Authorization Form

Company Information:

Company Name: _____

Contact Name: _____

Billing Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Number of Insertions _____ Run Dates: _____

Classification or Heading: (GaScan only) _____

Select Network:

* Georgia Statewide Classified Advertising Network

* Georgia Display Advertising Network

Payment

Circle payment type



* Name as it appears on the card: _____

* Account Number: _____ Expiration Date: _____

* Total Amount of Charge: _____ * 3 Digit Verification Code _____

* Authorized Signature: _____

By signing this form I authorize the Georgia Newspaper Service to charge my credit card the amount listed above.

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