



CREDIT CARD AUTHORIZATION FORM

- 1) **Fill out** all fields in the form below.
- 2) Right-click under ‘Authorized Signature’ and select ‘**Sign Document**’
- 3) Click “**Email**” to securely email the form immediately **or** click “**Print**”
- 4) If you do not wish to **email this form**, print this form and **fax to us**.
- 5) **Scan & Email or Fax** the front and back of the **Credit Card** as well as your **Gov’t Issued ID** (Drivers License, State ID, etc.)
 - a. Email: mary@analogfree.com
 - b. Fax #: 815-588-0584

Your Full Name: _____

Name as it appears on Card: _____

Card Billing Address: _____

Billing Address Line 2: _____

City: _____

State, Zip: _____, _____

Billing Phone Number: _____

Credit Card Number: _____

Expiration Date: ____ / ____

CCV: (3 digit code on back of CC) _____

I authorize Digital Post, Inc. (d/b/a /Analog Free Media & Chicago Digital) to charge my Credit Card for all services and/or materials rendered and/or delivered in respect to the authorized project I have engaged them for.

Authorized Signature: _____

Date: _____