



CREDIT CARD AUTHORIZATION FORM

www.LongIslandRadio.com

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305 Knickerbocker Ave, Suite 7 • Bohemia, New York 11716

We want to ensure doing business with Suffolk County Communications is as secure and efficient as possible. Please complete this form in dark ink and fax (631)231-4050 or email this form back to us at info@longislandradio.com.

Visa **Mastercard** **American Express**

Card Number: _____ Expiration Date ____/____ Security Code _____

Name On Card: _____

Credit card Billing Address Shipping Address

Street _____

Street _____

City _____

City _____

State _____ zip _____

State _____ zip _____

Phone ____/____-_____

Phone ____/____-_____

I, _____, hereby authorize Suffolk County Communications to charge my credit card, for this one time purchase or to keep on file for future purchases. I also authorize the receipt of merchandise at the above address. I also agree to have my credit card charged for my monthly service, if applicable.

One Time Charge **Please keep on file for future**

Cardholder Signature _____ Date _____

Cardholder Printed Name _____ Email _____