



**MINNESOTA  
NEWSPAPER  
ASSOCIATION**

**CREDIT CARD AUTHORIZATION**

I, \_\_\_\_\_, authorize the Minnesota Newspaper Association to charge my credit card immediately in the amount indicated below.

Visa

MasterCard

AmEx

Discover

Credit Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Authorized to charge the amount of \$ \_\_\_\_\_

Reference: \_\_\_\_\_

Cardholder's Name (Printed): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**FAX A COMPLETED COPY TO 612.342.2958 OR EMAIL TO: ADVERTISING@MNA.ORG**