



CREDIT CARD INSTRUCTIONS

Dear valued advertising partner,

We are delighted to have you as an advertising customer at Salem Media Dallas. To expedite your payment process please fill out the credit card form attached. For your convenience, we accept all major credit cards.

The form must include all of the following specific information:

- Station
- Name of the account (business name)
- Account Executive name
- Invoice number if you have one
 - If pre-paid, include order number
- Name of the card holder
- Credit card number
- Expiration date
- Security code on the back , front for American Express
- Signature
- Frequency
 - One time charge , or # of recurring

Fax form to 214-561-2156 or email to accounting@salemdallas.com

Questions? Please contact our billing department at (214) 561-2135

Salem Media Group
6400 N. Beltline Rd. Suite #120
Irving, TX 75063

KLTY 94.9 FM
KWRD 100.7 FM
KSKY 660 AM
KTNO 620 AM



ONE TIME CHARGE

CREDIT CARD AUTHORIZATION FORM

Please Select Station: KLTY KSKY KWRD KTNO

Fax back to 214-561-2156 or email to accounting@salemdallas.com

DATE: _____

A.E. _____

ACCOUNT NAME: _____

ADDRESS: _____

PHONE: _____

INVOICE(S) NUMBER: _____

MASTER CARD VISA DISCOVER AMERICAN EXPRESS

NUMBER: _____

Please email copy of receipt

EXPIRATION DATE: _____



CREDIT CARD CODE _____

CARD HOLDERS NAME: _____

AMOUNT: \$ _____

I, the undersigned, authorize KLTY/KSKY/KWRD/KTNO, as directed above, to charge my credit card provided herein. The station agrees to send me an invoice for all charges process on my credit card. I understand that cancellation of this request does not establish a credit status and may constitute early cancellation and penalties that may be charge to this credit card. APPLY CREDIT CARD CHARGES TO ACCOUNT BALANCES.

PRINTED NAME OF PERSON AUTHORIZING CHARGE _____

SIGNATURE OF PERSON AUTHORIZING CHARGE **X** _____

FOR ACCOUNTING USE ONLY

DATE PROCESSED: ___/___/___



AUTOMATIC RECURRING CREDIT CARD PAYMENT

Recurring # _____
Charge my credit card on the _____ month/Week
Per email request _____

CREDIT CARD AUTHORIZATION FORM

Please Select Station: KLTY KSKY KWRD KTNO

Fax back to 214-561-2156 or email to accounting@salemdallas.com

DATE: _____

A.E. _____

ACCOUNT NAME: _____

ADDRESS: _____

PHONE: _____

INVOICE(S) NUMBER: _____

MASTER CARD VISA DISCOVER AMERICAN EXPRESS

NUMBER: _____

Please email copy receipt to

EXPIRATION DATE: _____



CREDIT CARD CODE _____

CARD HOLDERS NAME: _____

AMOUNT: \$ _____

I, the undersigned, authorize KLTY/KSKY/KWRD/KTNO, as directed above, to automatically charge my credit card provided herein, each and every month or week in the amount due for my broadcast order. **If I no longer wish to use this service, I acknowledge that I must notify the Business Manager of the station, in writing or via fax 972-561-2156, mail 6400 N. Belt Line Rd. Irving, TX 75063 or email accounting@salemdallas.com at least 2 business days in advance.** Also, the station will keep this on file for any future contracts. The station agrees to send me an invoice for all charges process on my credit card. I understand that cancellation of this request does not establish a credit status and may constitute early cancellation and penalties that may be charge to this credit card. APPLY CREDIT CARD CHARGES TO ACCOUNT BALANCES.

PRINTED NAME OF PERSON AUTHORIZING CHARGE _____

SIGNATURE OF PERSON AUTHORIZING CHARGE **X** _____

FOR ACCOUNTING USE ONLY

DATE PROCESSED: ___/___/___ AMOUNT \$_____ Charge credit card on _____ day of each week

RECUR DATE: ___/___/___