



# Signature & Payment Authorization

Sales Representative \_\_\_\_\_ BILLING ADDRESS:  
 Business Name \_\_\_\_\_ Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ City \_\_\_\_\_  
 Contact Fax \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact email \_\_\_\_\_ Website \_\_\_\_\_

Contract # \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

**Credit Card Payment: All monthly payments will be processed on the first of every month if applicable.**

I hereby authorize Yellow Page City to process my credit card with the account information below in the amount specified.

Visa     MasterCard     Discover     American Express     Process One Time ONLY

Down Payment Amount \$ \_\_\_\_\_

Monthly Payment Amount \$ \_\_\_\_\_ or     Pay Balance Upon Ad Approval \$ \_\_\_\_\_

Name On Credit Card Account \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Check Payment: All monthly payments will be processed on the first of every month if applicable.**

I hereby authorize Yellow Page City to process my check with the account information below in the amount specified.

Process One Time ONLY

Down Payment Amount \$ \_\_\_\_\_

Monthly Payment Amount \$ \_\_\_\_\_ or     Pay Balance Upon Ad Approval \$ \_\_\_\_\_

Name As It Appears On Check \_\_\_\_\_

Address As It Appears On Check \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Signature Section: I hereby accept the Terms & Conditions associated with the Contract # referenced above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Paying By Pre-Authorized Check, Staple Voided Check To This Form.

Phone: 800.847.9760 Fax: 585.247.3862 email: sales@yellowpagecity.com