



WCYK-FM WZGN-FM WHITE-FM
WCHV-FM WKAV-AM WCHV-AM

Account Executive _____



Credit card Payment

10/24

1. Fill Out All Information Requested Below
2. Email to jonathan@monticellomedia.com
3. Or fax to 434-973-3417 ATTN: Accounts Receivable

Company Name Meg Bryce For Susan Boern

Name as it appears on card _____

Contact Name/Phone # Ty Cooper / 434-825-6650

Card Billing address " " /

Total Amount of Payment \$1,971 Gross \$1,675.35 net

Card # [REDACTED] Expiration Date 10/27

Invoice # CU 5308

Charge Type (circle one)




Charge Card (check one) One time Payment

Recurring Payment Check One of The Boxes Below
If the 10th or 20th fall on a weekend your card will be charged on the first business day following the date

10th 20th Weekly

Amount _____ First Date _____ Last Date _____

Card Holder Signature _____ Date _____

In House Use Only	
Approval # _____	Match # _____
Reference _____	No Match _____