



Long Island Radio Broadcasting, LLC One Time Only Credit Card Charge Form

(Print clearly)

*** denotes required fields**

***ADVERTISER:**

***Name as listed on Credit Card:** Mark Haslinger – Diane L Jacobson

***Billing Address:** PO Box 418 East Setauket NY
*(STREET, TOWN AND STATE)

***Zip Code:** 11733 ***E-mail address for Receipt:** dianej@deltabookkeepinginc.com

***Type of Card:** Visa Master Card Am Ex

***Credit Card Number:** 4085 4040 3323 4513

***Expiration Date on Card:** 05/27

***CVV2 (code on back of card/front for AMEX):** 460

***Total Amount of Charge:** \$ 400.00

Invoice to apply to (if applicable): _____

***Form filled out by:** Diane L Jacobson **Date:** 11/01/2023

ONE TIME PAYMENT:

I, Diane L Jacobson, of Delta Bookkeeping and Accounting Inc., herby agree to place the attached media schedule(s) on 11/01/2023 (a radio station(s) owned by Long Island Radio Broadcasting, LLC) authorize Long Island Radio to charge the credit card noted above in the amount(s) agreed upon for the agreed upon advertising schedule(s). Invoices will be forwarded each month to the named client above upon completion of such advertising schedule(s) for that/those month(s).

The credit card payment and schedule(s) are hereby acknowledged by:

Diane L Jacobson
Authorized Card Holder Signature

11/01/2023
Date