



SACRAMENTO

CREDIT CARD AUTHORIZATION FORM

The following credit card information is required (all fields must be completed)

Client Name BlueWest Media

Street Address 5130 East 18th Avenue

City, State, Zip Denver, CO 80220

THIS IS TO GIVE AUTHORIZATION TO CHARGE MY CREDIT CARD FOR:

Table with 3 columns: Station, Invoice # or Contract # (If Contract # is used - specify dates payment is for), Amount. Rows include KXSN-FM (\$40,290) and KYXY-FM (\$39,457).

TOTAL AMOUNT TO BE CHARGED

\$79,747

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL IN NATURE.

Additional Comments

Name As It Appears On the Card: Mary Wittemyer

Card#: [Redacted] Expiration Date: [Redacted] V-Code: [Redacted]

Billing Street or PO Box for Card: [Redacted]

City Denver, State CO Zip Code: 80220

E-mail (For Confirmation): mary@bluestmedia.com

Authorized Card Holder Signatur [Redacted]

Printed Name of Signer: Mary Wittemyer

Date of Authorization: 05/08/18 Contact Phone Number: 303-641-4330

tercom Salesperson: Lindsay Diot

WHEN COMPLETE PLEASE FAX OR E-MAIL TO THE BUSINESS DEPARTMENT AT: FAX 916.339.4573;