MPN CREDIT CARD AUTHORIZATION FORM



Enter primary contact person information below.			
Company/Entity Name:			
Primary Contact Name:			
Tel#:	· · · · · · · · · · · · · · · · · · ·	Fax#:	
Email:		PO#:	
Select one or more MPN advertising offerings or services from the categories listed below.			
☐ Online Job Posting Package	☐ Event Planning Services	Online Calendar Listing	☐ Dedicate E-mail Blast
Resume Browsing (ala carte)	☐ Training / Speaking Svcs.	Online Business Listing	e-Newsletter Display Ad
☐ Featured Employer Profile	☐ Executive Search Svcs.	Online Nonprofit Listing	Online Display Ad
Enter credit or debit card billing contact and authorization information below.			
Credit Card Type:	VISA Cards NOVUS	☐ Visa ☐ MasterCard	☐ AmEx ☐ Discover
Card Number:		Expiration Date:	mm/yyyy
		CSC Code:	_
I authorize Minority Professional Network, Inc. to bill the above credit card account for the services selected above as follows:			
	n-refundable payment in th		
	nonthly recurring non-refu		each.
Role/Title:			
Billing Address:			
City/State/Zip:			
Tel#:		Email:	
Date:	Cardholder Signature:		

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