



KENTUCKY PRESS ASSOCIATION

Doing business as Kentucky Press Association, Kentucky Press Service, Kentucky Journalism Foundation

Credit Card Authorization Form

Date _____

I, _____, authorize the Kentucky Press Association/Kentucky Press Service, to use the following credit card(s) for purchases by or services rendered for:

(Name of Business/Company) _____

Card Type: _____ VISA _____ MasterCard _____ American Express _____ Discover

Credit Card Number _____

Expiration Date _____ Card Verification Code (CVC) _____

Email Address of Cardholder _____

Telephone Number of Cardholder (____) _____

Customer Name _____

Customer Address _____

City _____ State _____ Zip Code _____

The following employees or individuals are authorized to use the above card:

1. _____

2. _____

You can mail, scan and email, or fax this form:

Mail – Kentucky Press Association, 101 Consumer Lane, Frankfort, KY 40601

Scan/Email – To David T. Thompson – dthompson@kypress.com

FAX – to KPA at (502) 226-3867