

LIN TELEVISION CREDIT CARD PROCESSING FORM

10/16/08 Update

Sale or Refund: \_\_\_\_\_

Amount: \_\_\_\_\_

Card Type: \_\_\_\_\_  
AMEX/Discover/MasterCard/Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_  
\*Last 3 digits on back of card if applicable.

Card Holder Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Invoice Number\*: \_\_\_\_\_  
\*If prepay, please provide contract number or air dates.

Station: \_\_\_\_\_