



6600 West Broad Street, Suite 104, Richmond, VA. 23230
 Office: (804) 355-3355 FAX: (804) 358-2120

Credit Card Authorization Request
 (Please Print Clearly)

Cardholder Name: _____

Business Name: _____

Customer Number (office only) _____

Credit Card Number: _____ Exp. Date: _____

(check one) Visa _____ Master Card _____ American Express _____ Discovery Card _____

Total Amount Charged: \$ _____

Invoice Number(s) _____

Special Instructions: _____

Cardholder Address: _____

City _____ State _____ Zip _____

Phone number: _____ Fax number: _____

The undersigned authorizes Comcast Spotlight (Real Estate TV) to use the above credit card for payment of services.

Signature of Cardholder: _____ Date: _____

INTERNAL USE ONLY _____ Account Number _____

____ Approved ____ Declined Authorization # _____ Authorization Date _____

Dated Poster to Account _____ Posted by _____

Please fax this to (804) 358-2120