## 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 Cards	☐ Visa ☐ MasterCard	☐ AmEx ☐ Discover
Card Number:		Expiration Date:	mm/yyyy
		CSC Code:	
I <b>authorize</b> Minority Professional Network, Inc. to bill the above credit card account for the services selected above as follows:			
☐ A <b>one-time</b> non-refundable payment in the amount of \$			
	monthly <b>recurring</b> non-refu	indable payments of \$	each.
Cardholder Name:			
Role/Title:			
Billing Address:			
City/State/Zip:			
Tel#:		Email:	
Date:	Cardholder Signature:		

To authorize payment for the selected services, populate the requested data above, sign and fax to 404-629-9325.

Minority Professional Network, Inc. P.O. Box 55399 | Atlanta, GA 30308-5399

Toll Free: 888-676-6389 | Direct: (404) 629-9323 | Office Fax: (404) 629-9325

Email: Support@MPNmail.com | Web site: www.MinorityProfessionalNetwork.com -OR- www.MPNsite.com

The Global Career, Economic & Lifestyle Connection™ for Progressive Professionals A Viable Source of Top Talent™ for Multicultural and Diversity-Focused Employers