

Credit Card Authorization Form

		ACCOOM		
Dealership Name			[Dealer ID
Domain Name (We	ebsite Nam	e)		
Contact Name				
Phone Number				
		—— Payment In	formation ——	
Card Type	☐ VISA		□ Discover	Amex
Name on Card				
Card Number				
Expiration Date				
Card Verification N	lumber			
		Your Credit Card E	Billing Information	
First Name				
Last Name				
Address Line 1				
Address Line 2				·
City				
State				
Zip Code				
Phone Number				
I authorize V12 Software, card the amount of		Marketing, EveryCarOn	line or any of their affiliat	te companies to charge my credit
Select Frequency of Payr	ment:	One Time Fee	Per Month	Per Year
I understand that I will be date to cancel the autom			selected unless I contac	t V12 Software before the renewal
				ftware are the property of V12 evisions. Any additional revisions
Please fax this form to (65	0) 729-0701.			
	Cardho	lder's Signature		Date