

## Credit Card Authorization Form

		—— Account In	tormation ——	
Dealership Name				Dealer ID
Domain Name (W	ebsite Nam	e)		
Contact Name				
Phone Number				
		<u></u>		
Card Type	☐ VISA		Discover	☐ Amex
Name on Card				
Card Number				
Expiration Date				
Cara verification	nurriber			
		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			line or any of their affilio	ite companies to charge my credit
Select Frequency of Pay	yment :	One Time Fee	Per Month	Per Year
I understand that I will b date to cancel the auto			selected unless I conta	ct V12 Software before the renewal
				oftware are the property of V12 revisions. Any additional revisions
Please fax this form to (	350) 275 7703.			
	Cardho	 lder's Signature		 Date