



## Credit Card Authorization Form

Dealership Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone number \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax number \_\_\_\_-\_\_\_\_-\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

(if different) \_\_\_\_\_

Credit Card: AMEX \_\_\_\_ VISA \_\_\_\_ MC \_\_\_\_ Discover \_\_\_\_

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

Expiration Date: \_\_\_\_\_ CID (Security Code) \_\_\_\_\_

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

*I authorize Autobytel Inc. to charge my credit card as follows:*

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

Invoice(s): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

Requester: \_\_\_\_\_

***To pay your bill via credit card, please complete this form and fax it to (949) 797-0488 for processing. Effective immediately, payments sent to our accounts receivable email address may not be processed.***

*If you have any questions regarding your payment, please contact the Accounts Receivable department at 949.225.4511 or [acctrec@autobytel.com](mailto:acctrec@autobytel.com).*