



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 AutoWeb, 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.