



CREDIT CARD AUTHORIZATION FORM

Phone: 503-236-1195

Fax to: 503-235-5057

Email to: AR@DealersSupply.com

COMPANY NAME:

PERSON AUTHORIZING PAYMENT:

CARD TYPE:

CIRCLE ONE: VISA M/C AMEX DISCOVER

CARD NUMBER (VERIFY)

EXPIRATION DATE:

V-CODE (Last 3 digits on back of card)

BILLING ADDRESS FOR THAT CARD:

Street:

City / State:

Zip Code:

DOLLAR AMOUNT AUTHORIZED:

SEND RECEIPT VIA:

MAIL: (SAME ADDRESS) (DIFFERENT ADDRESS)

FAX NUMBER:

EMAIL ADDRESS:

CARDHOLDER SIGNATURE:

(IF APPLICABLE)

PHONE

PHONE NUMBER (in case there are questions)
