

Credit Card Authorization Form

Please complete all fields. All information is required for processing and all information provided will remain confidential.

REQUIRED: A PHOTO COPY OF THE CREDIT CARD AND CARDHOLDER'S PHOTO ID (FRONT & BACK OF BOTH CARDS) USED IN THIS TRANSACTION MUST BE SUBMITTED WITH THIS FORM. PHOTOS COPIES AND COMPLETED FORM MAY BE FAXED TO (503) 235-5057 OR EMAILED TO AR@DEALERSSUPPLY.COM.

Dealers Supply Co. Sales Order Number: _____

Name on Card (as it appears): _____

Billing Address: _____

(City) (State) (Zip)

Credit Card Type: Visa Mastercard Discover AMEX

Credit Card Number: _____

Expiration Date: _____ Keep card on File: Yes No

CVV: _____ Amount to Charge: \$ _____ (USD)

Email: _____

Phone: (_____) _____

I _____, authorize **Dealers Supply Co.** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

CREDIT CARD CHARGEBACK POLICY

You understand and agree that in the event you attempt to create a fraudulent credit card chargeback, we will work with the relevant credit card processor, bank or other institution and law enforcement authorities to investigate the matter. Our assistance may include providing details about past and current orders, card authentication and communications with or related to your order(s). Engaging in activities aimed at reversing a legitimate charge is illegal. You understand and acknowledge that you can be prosecuted for such activity and we reserve the right to reclaim any fees and/or costs we incur in responding to fraudulently filed chargebacks.

Cardholder Signature: _____ Date: _____

Credit Card will be charged when completed form and additional information is received.