

# Credit Card Authorization Form

## Dealership

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

## Dealership Billing Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Credit Card

Type: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

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

Expiration Date: (MM/YY) \_\_\_\_\_ CVV Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please note there will be a 3.6% convenience fee for every credit card transaction.**

## Authorization

*I hereby authorize Scott Fischer Enterprises to charge this credit card for my monthly Digital Lead Performance service.*

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

