

Method of Payment Form

Dealership

Name: _____

Accounting Contact: _____

Phone Number: _____ Email: _____

Dealership Billing Address

Address: _____

City: _____ State: _____

Zip: _____

Method of Payment

_____ ACH

_____ Credit Card*

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

Authorization

I hereby agree to remit payment monthly based on the method of payment determined above for my monthly Digital Lead Performance service.

Print Name: _____

Sign Name: _____

Title: _____

Date: _____

