

Auto Dealer Marketing Solutions



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Credit Card Authorization Form

Please fax / email completed signed form **ONLY** to A/R at (877) 599-7244
d.hurd@adm1.org

Company Name: _____

I, _____ here with authorize Auto Dealer Marketing Solutions to charge all purchases to my credit card beginning on: ____ / ____ / ____ (date).

Circle Type: **VISA** **M/C** **AMEX** **DISCOVER**

Credit Card #:

Expiration Date: ____ / ____

Validation Code (3 digit on back):

Name as appears on card: _____

Company name on card (if applicable): _____

Credit Card billing address:

Cardholder's
Signature: _____ Date: ____ / ____ / ____

Contact Name: _____

Contact Pfone Number: () Fax: ()
