AUTO ALLIANCE
DRIVING INNOVATION®

Authorization Agreement for Credit Card Payments

Vendor Name: _____

Vendor Address: _____

_____

Name on Card: _____

Type of Card (AMEX/Visa/MasterCard) _____

Card Number: _____

Amount: _____

Authorized Signature: _____

Today's Date _____

Address on Card (if different from above):

_____

_____

Expiration Date (month/year)
_____/_____

Card Security Code_____(on back of card)

Person to contact from vendor regarding the information on this form:

Name: _____

Phone Number: _____

Title: _____

Email Address: _____

Alliance of Automobile Manufacturers
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