



DEALER PAY

Credit Card Authorization Form

SALE INFORMATION

Sale Amount

Repair Order/
Reference Number

BILLING INFORMATION

First/Last Name*

Company Name

Address Line 1

Email Address

Address Line 2

Mobil Phone

City

State

Zip

*First and last name are required unless you provide a Company Name

PAYMENT INFORMATION

Credit Card

Card Number

Expiration CVV Code

Authorized Signer

Customer Signature

Title

Printed Name

Date

ACH INFORMATION

Bank Account

Corporate or Personal

Account Type

Routing Number

Account Number

Confirm Account Number

Authorized Signer

Customer Signature

Title

Printed Name

Date

*Please note that this transaction will not be authorized immediately. This approval will take place at a later time. If for any reason, the transaction is declined, you are still responsible for payment. The dealership may reach out to you to obtain an alternative payment method.

*Please enter as a card not present payment once the system is up and running again, for assistance please reach out to support at 636.442.4901 x 2 or by email support@dealer-pay.com