

# **Motor Dealer Services Insurance Services**

4195 Viking Way #210 Long Beach, CA 90808 www.motorDEALERservices.com  
Toll Free: 888-DLR-INS4 Lic:CA 0D87197 AZ 906944 Fax 805-980-3333

## **Credit Card Authorization**

I \_\_\_\_\_ hereby authorize

**Motor Dealer Services Insurance Services** to charge \$ \_\_\_\_\_

To my credit card

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Credit Card # \_\_\_\_\_

Security Code (from back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name (as shown on card) \_\_\_\_\_

Credit Card **Billing** Address \_\_\_\_\_  
\_\_\_\_\_

Purchase Order Number (if required) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT: Please ensure this form is completely filled in.**

Company Use Only:

Authorization Number \_\_\_\_\_