



Dealer ACH/Credit Card Sign up

By returning this form, I grant permission to CARS Protection Plus to perform ACH/Credit Card charges to the account shown below for any transactions I submit for payment.

Date: _____

Dealer's Name: _____ Dealer's ID: _____

Dealer Phone #: _____ Email: _____

Authorized Signature: _____

Choose **one** of the following payment types:

Checking Account

Name on Bank Account: _____

Billing Address for Bank Account: _____

Authorized Signature: _____

Attach a voided check to the credit card box below.

Credit Card

Credit Card Type: _____ (MasterCard, Visa, Discover)

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Name on Credit Card: _____

Billing Address for Card: _____

Authorized Signature: _____