

Wallace

PARTS CREDIT CARD AUTHORIZATION FORM

DEALERSHIP INFORMATION

Dealership Name: _____

Customer Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

PAYMENT INFORMATION

Card Type: Visa Mastercard Discover Amex

Card Number: _____ - _____ - _____ - _____

Expiration (MM/YY): _____ / _____ CVV/CVC Code: _____

AUTHORIZATION & SURCHARGE DISCLOSURE

I, the undersigned cardholder, authorize **Wallace Automotive** to charge my credit card listed above for the total amount due related to the transaction identified above.

IMPORTANT NOTICE: I understand and acknowledge that a **3.0% SURCHARGE** will be applied to this transaction for the use of a credit card. This surcharge is not greater than the dealership's cost of acceptance. No surcharge applies to debit or prepaid card transactions.

Charge Amount: \$ _____

Surcharge \$ _____

TOTAL CHARGE: \$ _____

By signing below, I certify that I am the authorized user of this credit card and will not dispute this transaction with my bank, provided the transactions correspond to the terms indicated in this form.

Cardholder Signature: _____ Date: _____

MAKE THIS A RECURRING AUTHORIZATION (OPTIONAL)

By checking this box, I authorize _____ to securely store my card on file and automatically charge it for all future wholesale orders and outstanding balances. I understand these charges will occur as orders are placed. This authorization remains in effect until I provide written notice of cancellation to **[Your Email/Address]**.



WALLACE AUTOMOTIVE GROUP

3801 SE Federal Highway, Stuart, FL 34997

HYUNDAI/VOLVO 772-283-6000 • CADILLAC 772-286-3555 • MAZDA 772-288-1999 • NISSAN 772-286-8000

CHRYSLER/JEEP/DODGE/RAM 772-220-3600 • LINCOLN 772-461-6060 • VOLKSWAGEN 772-219-0007

CHEVROLET 772-287-3232