

Local Dominance

Activation Form

IP Address: _____
Time Stamp: _____

Account Information

Dealership Name _____ Dealer ID _____
Domain Name (Website Name) _____
Contact Name _____
Phone Number _____
Posting Cities _____
Inventory Source _____

Payment Information

Card Type VISA MasterCard Discover Amex
Name on Card _____
Card Number _____
Expiration Date _____
Card Verification Number _____

Your Credit Card Billing Information

First Name _____
Last Name _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____
Zip Code _____
Phone Number _____

I authorize V12 Software Inc to charge my credit card the amount of \$99/month for the *Dominate your Local Market* service.

I understand that I will be automatically charged on the term I selected unless I contact V12 Software before the renewal date to cancel the automatic renewal.

Please fax this form to (650) 268-9660.

Please note, all fees paid are non-refundable.

Cardholder's Signature

Date