



PayPal Account Holder Information

Full Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Cellphone Number: _____

PayPal ID: _____

By signing this PayPal Authorization Form, the person executing this form represents and warrants to Dealernet that he/she is the authorized PayPal account owner and that the information set forth above is accurate and complete. Furthermore, the PayPal account holder acknowledges and agrees that all transfers from Dealernet will be sent to the PayPal account identified above and are subject to Dealernet's terms of services and policies which are outlined here:

<https://www.dealernetx.com/terms.php>

PayPal account holder name

PayPal account holder signature

Date signed