



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Street Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover
_____ American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

I authorize Oakland Fuels to charge my credit card provided for invoices 15 days or older, including a fee of 3% that will accompany all transactions. I agree that I will pay for these purchases in accordance with the issuing bank cardholder agreement. Termination of the agreement is required in writing.

Cardholder – Print Name, Sign, and Date below.

Signed: _____

Dated: _____

Name: _____