McMullen Oil Company Inc. 11965 49th Street North Clearwater, FL 33762

CREDIT CARD PAYMENT AUTHORIZATION FORM

Check all that Apply:				
☐ First Time authorization ☐ Single Invoice	•	mation Ca		on
Name of Person authorizing payn	nent:			
Name of Business:			(hereinafter "Accountholder")	
☐Fax Receipt :	Email Receipt:		_ Mail Receipt	
Credit Card Account Information	:			
Cardholder Name:				
Credit Card Billing Address:				-
City	ST	Zip		_
Credit Card Type: Mastercard	□Visa	☐ American Express	Discover	
Credit Card Number:				-
Expiration Date:	VID Code:			-
"Company") is authorized as of the credit card, debit card, charge accountholder or the cardholder sy. Company will send the accounthout card for the amount specified in the should ensure such charge would date of charge. There will be a \$2 will continue to be liable for any sy.	ne authorization decard or other pay pecified above for older or cardholde ne invoice on the not cause the creck 25.00 penalty for a such rejected or an asary to correct an	ate set forth below and su ment card (hereinafter "C r products and services re r an invoice for products/ 1 st business day following lit card account to exceed any rejected charge pursu ny unpaid charges includi	redit Card"), specerived. services rendered the date of the in any established ant to this authoring all penalties.	len Oil Company Inc. (hereinafter s and conditions set forth below, to charge cified above for amounts billed to the d. Company will charge the above credit invoice. The accountholder/cardholder credit limits or available balances as on the ization. Cardholder acknowledges that they Cardholder further authorizes Company to any invoice or any other charge or credit
McMullen Oil Company Inc. has	had sufficient tim	e to clear any arrears and	act on the author	equesting an update or cancellations, and rization. Cardholder will continue to be informing Company of any changes in the
Signature of Cardholder:			Date:	