

800 400-7154
609 771-1022
609 771-1776 Fax



Petroleum Pros for 4 Generations

Gasoline & Diesel Fuel
Automotive, Fleet & Industrial Lubricants
Bulk & Packaged Products

Single Purchase Credit Card Payment Authorization

Please fill out completely.

Date: ___/___/___ Amount to be charged: \$ _____

Invoice #s (or attach statement) _____

Customer Acct # _____ Customer Name _____

Credit card number: _____

Card Type: Visa ___ MasterCard ___ Discover ___ Amex ___

Expiration Date _____ C V V # _____

Name on credit card: _____

Credit Card Billing address: _____

City: _____ State: _____ Zip: _____

The issuer of the card identified on this item authorized to pay the amount shown above as "Amount to be charged" upon proper presentation. I promise to pay such "Amount to be charged", subject to and in accordance with the agreement governing the use of such card.

Cardholders signature: _____

Thank you,
FAX: 609-771-1776