



CREDIT CARD AUTHORIZATION FORM

Name on the Card: _____

Type of Card: Visa MC AmEx Debit

Other _____

Is Your Credit Card an Account Payable Card? No _____ Yes _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

**By signing this form you authorize _____ C&I Oil Company, Inc.
to charge your card for the amount listed above. If this is an OPEN
Account to be charged on your account with TERMS, please write OPEN
on the "Amount to be Charged"**

Signed: _____

Date: _____

Note: It is your responsibility to inform C&I Oil Company, Inc., of any changes, cancellations or expirations, in the status of the card provided for payment, BEFORE billing date. Insufficient cards processed for payment and denied will incur a \$25.00 handling fee and interest accrued on the account till paid.

Remit to: credit@cioil.us

