

Credit Card Authorization Form

Please Complete Company Name as it appears on Billing Statement	
Company Name:	Federal ID#:
Please Complete Address as it appears on Billing Statement	
Address:	
City:	
State:	Zip Code: (REQUIRED)
Please Select Card Type and Complete Information as it appears on Card	
Credit Card Type: 🗌 Mastercard 🗌	Visa 🗌 American Express
Account Number:	
Expiration Date: (Month/Year)	Security Code: (last 3 digits on back of card)
Authorized Name Printed on Card:	
☐ I hereby authorize Ricochet Fuel Distributors, Inc. to charge the above listed credit card for fuel, oil, equipment and/or services provided. This authorization will remain in force until revoked by the authorized user and/or company to which the card was issued or until date authorized user and or company indicates below. I further certify that I am authorized by my company to enter into this agreement on their behalf.	
I authorize Ricochet Fuel Distributors, Inc. to charge the above listed credit card for fuel, oil, equipment and/or services provided until:	
Month, Da	y, Year
and/or for the following invoices,,	
	,
Authorized Signature:	
Printed Name:	
Contact Phone:	Date: