

Credit Card Authorization Form

Payments made with this method will be assessed a 3% of total invoice Convenience Fee

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: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	
Account Number:	
Expiration Date: <small>(Month/Year)</small>	Security Code: <small>(last 3 digits on back of card)</small>
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 _____, Day _____, Year _____

and/or for the following invoices _____, _____, _____,

_____ , _____ , _____ .

Authorized Signature:	
Printed Name:	Email Address:
Contact Phone:	Date: