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Automatic Credit Card Billing Authorization Form

I hereby authorize Petroleum Card Services to initiate charges on the credit card listed below. I acknowledge that the origin of the charges to my account must comply with applicable U.S. regulations. I am responsible for payment of services rendered with this credit card.

Customer Information

MID# _____ PCS# _____
Company: _____
Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____

Credit Card Information

I understand the invoiced amounts may vary and that any charge authorized herein will be based on invoices mailed to me by Petroleum Card Services. I am responsible for payment on all services and/or equipment provided.

Card Type: _____ Card Number: _____ Expires: _____
 Visa
 MasterCard _____ / _____
Discover
Amex

Cardholder's Name (as shown on credit card): _____ Billing Zip Code (required): _____ CVV Code: _____

Cardholder's Signature: _____ Date: _____

PURCHASE TYPE: _____ COST: _____