

BV OIL CO. CREDIT CARD AUTHORIZATION FORM

Card Type (circle one) : M/C VISA AMEX AMEXOPTIMA DISCOVER

Card Number: _____

Expiration Date: ____/____/____ Three Number Code ____ _

Card Holders Name: _____
(exactly as it appears on the credit card)

Billing Address: _____

City _____

State _____ ZIP _____

Card Holder Phone Number:() _____ - _____

Months authorized to run credit card payment: From ____/____/____
To ____/____/____

I authorize BV Oil Company to automatically charge my credit card every due date of the month for the balance on my account. I understand that charges will be charged on the due date.

Name of my account with BV Oil Co. _____

I understand this is an automatic payment authorization and agree to all terms.

Card Holder Signature: _____
Card Holder Name (PRINT): _____
Date Of Signature: _____/_____/_____

Please include a valid copy of the signers Drivers License or Passport.