

MAILING
P.O. Box 82277
Bakersfield, CA 93380-2277



WHOLESALE FUELS

ACCOUNTING/CREDIT OFFICE
3101 State Road
Bakersfield, CA 93308

PHONE: (661)327-4900 • FAX:(855) 894-5400

AUTHORIZATION FOR AUTOMATIC CREDIT CARD PAYMENTS

ACCOUNT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME CONTACT PHONE NUMBER: _____

I hereby authorize *Wholesale Fuels, Inc.* to initiate a debit payment from the credit card I have provided below for the payment of charges incurred at *Wholesale Fuels, Inc.*, and furnish me with a receipt of any and all transactions.

This authorization is to remain in full force and effect until *Wholesale Fuels, Inc.* has received written notification from me of its termination in such time and in such manner to afford *Wholesale Fuels, Inc.* to act on said request. Cancellation of this authorization shall not terminate any of my payment obligations pursuant to the purchase and payment in full of products and services from *Wholesale Fuels, Inc.*

CARD TYPE: (check) VISA _____ MASTERCARD _____

CARD NUMBER: _____

CARD EXPIRATION DATE: _____

Customer Signature

Date

What is a Credit Card Authorization Form?

A Credit Card Authorization Form is a form filled out by the credit card holder authorizing us to charge your credit card.

Why we use it.

We take this extra step to protect our customers as well as ourselves from credit card fraud. It also gives us a written record of your authorization for us to charge your card.

Faxing this form.

We prefer the form to be faxed to us at the above fax number. Faxing the form enables us to offer this service faster to you. It is safe to fax personal and credit card information to us. We ensure that your information will be handled professionally and in the strictest of confidence.

Mailing this form.

If faxing this form is not an option, the form can be mailed to the address at the top of this form.