



*** AUTHORIZATION SIGNATURE SHEET ***

Date: _____

Account # _____

I, _____ **HEREBY AUTHORIZE Mendenhall Fuel to use my credit card
for oil Deliveries or Service**

Delivery Address _____

MASTER # _____ Exp. Date _____ CCV# _____
Account # _____

VISA # _____ Exp. Date _____ CCV# _____
Account # _____

AMERICAN EXPRESS # _____ Exp. Date _____ CCV# _____
Account # _____

SIGNATURE _____

Having your authorized signature on file allows you to use your Master, Visa or American Express charge account with Mendenhall Fuel, Inc. This gives you the opportunity to call our office and let us know you want your deliveries or service charged to your Visa, Master or American Express card account.

****THIS SERVICE WILL ONLY BE DONE AT YOUR REQUEST****

**PLEASE INITIAL IF YOU WOULD LIKE DELIVERIES
AUTOMATICALLY CHARGED TO YOUR CREDIT CARD. _____ .**

Please fill in below the Mailing Address for the credit card that will be used by:

Street Address

City State Zip Code