

Easy Pay Program: Credit Card

Name(s) as shown on account

Card # Visa MasterCard Amex

Expiration Date

cvv or security #

Authorized Signature

I authorize Mendenhall Fuel Inc to debit the amount due on my (our) fuel bill to the credit card account indicated and also to make credit card entries to the same account to correct any debit errors. I(we) understand that we must notify Mendenhall Fuel Inc in writing to cancel this authorization