



I authorize Palmdale Oil Company, Inc. to use the following credit card information to pay any and all of my open receivables due to Palmdale Oil Company, Inc.

CREDIT CARD WILL BE RAN AFTER EACH DELIVERY

CUSTOMER NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS FOR INVOICES: _____

BILLING ADDRESS FOR CREDIT CARD: _____

CITY: _____ , STATE: _____ ZIP: _____

CARD TYPE: _____ CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE/CSV #: _____

COMPANY FEI # OR DRIVERS LICENSE #: _____

AUTHORIZED SIGNER PRINT NAME: _____

AUTHORIZED SIGNER SIGNATURE: _____

DELIVERY INFORMATION

STREET: _____ TOWN/CITY _____

COUNTY _____ ST _____ ZIP _____

CONTACT NAME _____

PHONE NUMBER _____

EMAIL _____

PLEASE PROVIDE A PHOTOGRAPH OF YOUR SIGNED CREDIT CARD FRONT AND BACK – THIS CAN BE EMAILED TO CREDITDEPT@PALMDALEOIL.COM. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT OUR CREDIT DEPARTMENT AT 561-229-0362