



**Please fax back to credit department  
(863) 763-1577**

<input type="checkbox"/>	MASTERCARD	
<input type="checkbox"/>	VISA	
<input type="checkbox"/>	AMERICAN EXPRESS	4 digit ID _____
<input type="checkbox"/>	DISCOVER	

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.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_  
(Please Print Name)

County of Delivery: \_\_\_\_\_

Address the Credit Card is Billed to:

\_\_\_\_\_  
\_\_\_\_\_

Customer Phone # \_\_\_\_\_

Customer Fax # \_\_\_\_\_

Customer Signature: \_\_\_\_\_