



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.

FOR CUSTOMER NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

AUTHORIZED SIGNER: \_\_\_\_\_

NAME AND ADDRESS THE CREDIT CARD IS BILLED TO:

CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR FEDERAL ID: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

GUARANTOR SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

PLEASE PROVIDE COPY OF FRONT AND BACK OF THE CREDIT CARD. CARD MUST BE SIGNED.

**Please fax your completed form and all required documentation to our Credit Department at (561) 736-0401. For any questions, contact our credit department at (561) 732-2433 or speak with your sales representative.**