

Credit Authorization Form

Please fill out the following form to request payment with credit card

Your contact information will be used solely by us to contact you and will not be shared or sold to external parties.

Date: _____

I authorize Cape Ann Oil Incorporated to automatically apply all charges to my credit card. I understand all charges will be paid on the day of service and I will receive a statement in the mail. My credit card receipt will be e-mailed to me directly. I agree to the above terms and have signed this agreement. This agreement will be valid unless I authorize Cape Ann Oil Incorporated to discontinue my charge account service.

Name: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Please indicate one of the following

MasterCard[®] Visa[®]

Credit Card Number _____

Expiration Date: _____

CVV Number on card: _____

Number can be found on front of card above to the right of the account number or located on the back where the signature is.

Email address: _____

Signature of Card Holder