DOYLE'S FUEL SERVICE
RECURRING CREDIT CARD PAYMENT
(Pre-Authorized Payments)

Please complete the following information:

CUSTOMER NAME: _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONE # _____ _____ _____
Home *Work* *Cell*

I hereby authorize DOYLE'S FUEL SERVICE to use the credit card listed below for payment(s) for any fuel delivered on my account.

DATE: _____ SIGNATURE: _____
mm/dd/yy

CREDIT CARD # _____ ☐ VISA / ☐ MC
xxxx-xxxx-xxxx-xxxx

EXPIRATION DATE: _____ *mm/yy*

CARD HOLDERS NAME: _____

ZIP CODE OF CREDIT CARD BILLING ADDRESS: _____

You may discontinue automatic payment by credit card at any time.