



CREDIT CARD AUTHORIZATION FORM

Please complete, sign and date this form and then return to our office via email, fax, or regular mail. Then please call our office to place full credit card number on file in our system.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Last 3 Digits of Credit Card: _____

Expiration Date: _____ CCV Code: _____

I authorize Advantage Oil Company, Inc. to charge the sale amount for any home heating oil, Kerosene or services rendered for HVAC or any general service work to the above listed credit card provided herein or any updated card on my account. I agree that I will pay for this purchase in accordance with issuing bank cardholder agreement.

I agree that the Advantage Oil Company, Inc. terms for billing are as follows: All invoices are to be paid within ten (10) days of sale. I agree to these terms and will pay promptly. If terms are not followed, I authorize Advantage Oil Company, Inc. to charge the credit card on the 11th day from sale or service.

If attorney is needed to recover funds, account holder is responsible for all fees and charges.

Cardholder – Print Name, Sign and Date Below:

Full Name: _____

Date: _____

Signature: _____

Your completion of this authorization form helps us to protect you, our valued customers, from fraud. All information entered on this form will be kept strictly confidential by Advantage Oil Company, Inc.

**Complete and fax/email/mail this form to
(570)291-8507 or billing@advantageoilcompany.com or PO Box 99, Shohola, PA 18458**