



CREDIT CARD AUTHORIZATION FORM

Please complete, sign and date this form and then return to our office via email, fax, or regular mail.

Cardholder Name: _____

Billing Address: _____

City, State, Zip Code: _____

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

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____

Select One:

_____ Authorize Advantage Oil Company, Inc. to keep on file for future approved payments*

_____ Authorize Advantage Oil Company, Inc. to keep on file and charge all future invoices without my contact**

*By accepting these terms, when Customer places a fuel delivery order or schedules HVAC service to be performed, Advantage Oil Company, Inc. will confirm whether the credit card on file should be used for that delivery/service. Customer also agrees that the Advantage Oil Company, Inc. terms for billing are as follows: All invoices are to be paid within ten (10) days of sale. If at time of fuel delivery order or HVAC appointment scheduling customer does not choose to utilize the card on file, customer agrees to the above terms and will pay promptly via cash, check or alternate credit card via the online customer portal. If terms are not followed, customer authorizes Advantage Oil Company, Inc. to charge the credit card on file on the 11th day from sale or service.

**By accepting these terms, customer authorizes Advantage Oil Company, Inc. to automatically charge the credit card on file for all future fuel deliveries and/or HVAC services performed unless otherwise notified by customer in advance.

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**