



# CLIPPER OIL

AMERICAN SAMOA

## CREDIT CARD PAYMENT AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*\*\* NOTE: FOR SECURITY PURPOSES, THIS PORTION WILL BE CUT AND DISCARDED AFTER THE TRANSACTION \*\*\*

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Name of Cardholder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

3 or 4-Digit Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

*I hereby authorize Clipper Oil American Samoa to charge my personal/company credit card shown above for the products and/or services received.*

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.*