



CLIPPER OIL

MARINE FUELS

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, Inc. 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.

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