

CREDIT CARD AUTHORIZATION FORM

I, _____, authorize Franger Gas Company, Inc. (Franger Gas) to keep my signature on file and to charge all services and propane deliveries provided to me by Franger Gas to my Credit Card account.

Charges for any and all services and propane provided by Franger Gas will be processed by Franger Gas within 2 business days after delivery.

Cardholder Name (please print): _____

Billing Address (statement mailing address):

City: _____ State: _____

Zip: _____

Card Type (Circle One) VISA MasterCard Discover

Card Number: _____ Expiration Date: _____

CCID: _____

(The CCID is a 3 or 4 digit number located on the back side of the Credit Card in the signature panel, usually after the account number)

Cardholder Signature: _____ **Date:** _____

THIS AUTHORIZATION IS VALID AND SHALL REMAIN IN EFFECT UNTIL CANCELLED IN WRITING OR UNTIL THE CREDIT CARD'S EXPIRATION DATE

This authorization shall become effective upon receipt of this signed form by Franger Gas.