MENDENHALL FUEL, INC.
P.O. Box 3000 / 575 Montauk Hwy.
East Quogue N.Y. 11942
Office: (631) 653-5000 / Fax: (631) 653-8402

* CREDIT CARD AUTHORIZATION SIGNATURE SHEET *

Date: _____ **Account # _____**

I, (Print Name)_____ HEREBY AUTHORIZE Mendenhall Fuel to use the credit card information below for the first delivery only, **as is required to open a new account.

DELIVERY ADDRESS: _____

MASTER # CARD _____ Exp. Date _____ CVV# _____

VISA # _____ Exp. Date _____ CVV# _____

****ALL FIRST DELIVERIES WILL BE PRE-AUTHORIZED AND CHARGED AUTOMATICALLY****

Signature: x _____

CREDIT CARD BILLING ADDRESS : _____

_____

**** Optional****

By signing below, I understand and agree that my credit card information will be kept on file and in complete confidentiality. It will be used to charge the cost of my deliveries automatically, which guarantee's applicable discounts, if any. I also understand that all other charges, if any, will be charged to this credit card ONLY UPON MY REQUEST.

SIGNATURE : _____ DATE: _____

PRINT : _____

***** PLEASE *** KEEP US INFORMED OF ANY CHANGES TO YOUR CREDIT CARD INFORMATION *** ANY PAST DUE AMOUNT NOT PAID WITHIN 30 DAYS WILL ACCRUE FINANCE CHARGES AUTOMATICALLY ************ Thank You: Accounts Receivable *****