

AUTOMATIC CREDIT CARD AUTHORIZATION

Please complete this form and return it to our office to authorize automatic payments via the credit card listed.

Card number: _____ (Visa or MasterCard only)

Expiration date: ____/____

CVV number (3 digit security code listed on back of card): _____

Name as it appears on card:

Billing Address for credit card:

SIGNATURE: _____

DATE: _____

CRESS GAS CO. ACCOUNT NUMBER _____

CRESS GAS CO. ACCOUNT NAME _____

By signing this form, authorization is granted to Cress Gas Co. to deduct payment for all billings to your propane account from your credit card listed above. You may cancel this agreement at any time by giving written notification.

Apply to fuel sales only.

Mail completed form to:

Cress Gas Co.
PO Box 9
Richlandtown, PA 18955-0009