

Ramos Oil Company
P.O. Box 401 * 1515 South River Road
West Sacramento, CA 95691
Main Office: (916) 371-2570
www.ramosoil.com
credit@ramosoil.com



Credit Card Charge Authorization Form

1. CUSTOMER INFORMATION:

Ramos Oil Account #	Account Name
Billing Zip Code	

2. CREDIT CARD TYPE:

() VISA () MASTERCARD () AMERICAN EXPRESS () DISCOVER

Credit Card #	Expiration Date (mm/yy)
Name (As it appears on card)	

3. INVOICES TO BE PAID:

Invoice Number	Invoice Date	Invoice Amount
Total Charged		

4. AUTHORIZATION:

- ☐ **One Time Authorization**
I herby authorize Ramos Oil Company to charge my credit card in the amount of _____
for products and services purchased from Ramos Oil Company.
- ☐ **Continuing Authorization**
I herby authorize Ramos Oil Company to automatically charge my credit card for products and
services purchased from Ramos Oil on the ____ of every month for all charges that are due, according to the terms
extended by seller

Sign Here	Signature	Date
	Print name below signature	Telephone number ()

Please notify us within 5 days of receipt of this letter to report any errors regarding this transaction.

Office Use Only

- ☐ **This charge was authorized by phone**

Name of person calling (Authorized Agent)	
Date called	Time called
Ramos Oil Employee receiving authorization (Please print)	