

Ramos Oil Company, Inc.
Credit Card Authorization Form

CUSTOMER INFORMATION

Ramos Oil Account #:

Account Name:

Billing Address (please use the address on your credit card bill)

City:

State:

Zip Code:

CREDIT CARD TYPE

☐ Visa

☐ Mastercard

☐ Amex

☐ Discover

Credit Card #:

Expiration Date:

Name: (as it appears on your credit card)

INVOICES TO BE PAID

Invoice Number	Invoice Date	Invoice Amount

Subtotal:

Processing Fee:

Total Charged:

AUTHORIZATION

☐ One Time Authorization

I hereby authorize Ramos Oil Company, Inc. to charge my credit card in the amount of \$_____ for products and services purchased from Ramos Oil Company. I understand that this amount does include a processing fee of

☐ ____2.5____%

☐ Continuing Authorization

I hereby authorize Ramos Oil Company, Inc. to automatically charge my credit card in the amount of \$_____ for products and services purchased from Ramos Oil Company. I understand that this amount does include a processing fee of ____2.5____%

**Sign
Here**

Signature:

Date:

Print Name:

Tel#:

Ramos Oil Company, Inc. will forward you a copy of this approval and a copy of the credit card receipt at your request. Please notify us within 5 days of receipt of this letter to report any errors regarding this transaction.

RECEIPT PREFERENCES

- ☐ Please mail my receipt to the address above
- ☐ Please fax my receipt to the following fax number
- ☐ Please e-mail my receipt to the following e-mail address
- ☐ No receipt necessary

OFFICE USE ONLY

☐ This charge was authorized by phone

Name of person calling (Authorized Agent)

Date Called _____

Time of call _____

Name of Ramos Oil Company employee receiving authorization (Please print)
