

SWAN

Acct # _____

FUEL SERVICE, INC., 1615 E. Mason St., Dansville, MI 48819 Phone (517) 623-6087 Fax (517) 623-6079

Credit/Debit Card Payment Authorization Form

To pay by credit/debit card, please complete this form and either send back or fax.

Please Print Name on Swan Fuel Service Account _____

Credit/Debit Card Holder Information

Please circle credit card type:

Visa

Master Card

Discover

Credit card number: _____ Expiration date: ____/____
Month Year

Please print name exactly as it appears on the credit/debit card: _____

Mailing Address for credit/debit card: _____

Billing Zip Code: _____ Primary phone number: _____ Secondary phone number: _____

Please select preference below:

Monthly ___ Amount to be charged: \$ _____ on the _____ day of every month.

As needed ___ (You will need to call our office to have your card processed).

After every delivery or service ___ Amount will be determined based on total price of delivery or service.

One Time Charge ___ Amount to be charged: \$ _____

(A new form will need to be filled out for future transactions).

Other (Please be specific) _____

I certify that I am the authorized holder and signer of the credit/debit card referenced above. I authorize Swan Fuel Service, Inc. to charge my credit/debit card for payment of their products and/or services. If Swan Fuel Service, Inc. is unable to process my payment I will be responsible for alternate payment arrangements and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Cardholder Signature: _____ Date: _____

Please mail or fax this credit/debit card payment form and supporting documents to:

SWAN FUEL SERVICE, INC.
1615 E. MASON ST., DANSVILLE, MI 48819
OR FAX (517) 623-6079