



Credit Card Authorization Form

Company information	
Company Name _____	Type of Business: _____
Contact Name: _____	Purpose of using Dyed Fuel: _____
Phone: _____	Business FEIN #: _____
AP E-mail: _____	

Card Information	
Name on Card: _____	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>
	Discover <input type="checkbox"/> Other <input type="checkbox"/> _____
Card Issuing Bank: _____	
Card Number: _____	
Expiration Date _____	CVV # (Security Code on backside of Card): _____
Billing Street Address: _____	Billing City, State, Zip: _____
Phone: _____	

Credit Card Receipts	
Email <input type="checkbox"/>	Include Delivery Ticket <input type="checkbox"/>
Email Contact 1: _____	
Email Contact 2: _____	

I hereby authorize Blu Petroleum Inc. to deliver product to addresses, which may not be the credit card billing address. I agree that I will pay for these purchases, along with a 3% credit card fee of the total amount of the charge, and indemnify and hold Blu Petroleum Inc. harmless against any liability pursuant to the authorization. **For American Express cards, a 3.8% fee applies.** I understand that my signature on this form along with picture identification will serve as my authorized signature on credit card charge slips for all future purchases. I understand and agree to the terms and conditions as outlined on the invoice. I also authorize product to be left at my credit card billing address or and/or other shipping address without obtaining a signature on a credit card charge slip. I agree that Blu Petroleum Inc. is not responsible for purchases that are late, lost or stolen if I, or my designated recipient does not sign for a purchase for any reason. I hereby authorize Blu Petroleum Inc. to charge the credit card noted for payments of fees, costs, and expenses that are incurred by me or any member or employee of my organization stated above. I certify that I am authorized to sign this form on behalf of this organization. I understand that charges will be made to this credit card account and if the credit card is declined for any reason, I will be responsible for payment of any outstanding charges and fees resulting from the declination.

Card holder Signature _____ Date _____

Cardholder Printed Name _____ Date _____