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P.O Box 2241
Saint John, NB
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DATE

TO WHOM IT MAY CONCERN

AUTHORIZATION - PAYMENT BY TELEPHONE

I hereby authorize Park Fuels Ltd. to process payments from time to time for the purchase of my fuel oil and related services upon my request/authorization by telephone.

CUSTOMER ACCOUNT NAME

CUSTOMER ACCOUNT NUMBER

CARDHOLDER NAME

CREDIT CARD COMPANY

I HAVE A VISA I HAVE A MASTERCARD

CARDHOLDER #

CARD EXPIRY DATE

CVC # (3 DIGIT NUMBER ON BACK OF CARD)

MAILING ADDRESS FOR CARD

POSTAL CODE

This agreement remains in effect until **cancelled in writing.**

AUTHORIZED CARDHOLDER SIGNATURE

DATE

