

AUTHORIZATION FOR CREDIT CARD PAYMENT

I authorize A.E. Robinson Oil Company, Inc. and the financial institution named below to initiate charges to my credit card account. Automatic credit card payments will be made on the 10th of each month. This authority will remain in effect until I notify A. E. Robinson Oil Company, Inc. in writing to cancel or when the credit card expires.

Customer Name – Please Print

Account Number

Mailing Address

Town/City

State

Zip Code

Email Address

Name of Credit Card Company and type of account – Visa, Mastercard, Am. Express, etc.

Credit Card Number

Expiration Date

V-Code

I would like this transaction to start _____ (month)

Smart Pay Payment in the amount of \$ _____

or

Balance on account to be cleared each month.

Customer Signature

Date