



CREDIT CARD AUTHORIZATION FORM

Office Use: Customer Account #: _____

I, _____, authorize Trojan Petroleum Inc. to charge my credit card for the following:

- One Time Use
- On File - Verbal and/or Written Approval
- On File - All Future Purchases

Name as it Appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ / _____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Email: _____

Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. Trojan Petroleum Inc. will keep all information entered on this form strictly confidential and secure.

As the credit card holder, I authorize Trojan Petroleum Inc. to charge my credit card as I selected above.

Cardholder's Signature _____ Date _____