



**Authorization Form to keep Credit Card/Debit Information on File**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Credit / Debit card transactions are subject to a 3% convenience fee.

_____	_____
Name	Email Address
_____	_____
Physical Address	City / State / Zip Code
_____	
Telephone Number	

**Cardholder Information**

_____	
Cardholder Name (as it appears on card)	
_____	
Billing Address (as it appears on the credit/debit card statement)	
_____	
City / State / Zip Code (as it appears on the credit/debit card statement)	
Card Type: ____ Visa ____ MasterCard ____ Discover ____ American Express ____ Debt	
_____	
Card Number	Expiration Date (mm/yy)

I certify that I am authorized to sign on the payment card listed above and that the information that I have provided above is complete and accurate. I authorize PirkI Gas Inc. to charge my credit/debit card above for:

\_\_\_\_ Any and All outstanding invoices as agreed upon

\_\_\_\_ Recurring monthly payment

I understand that my information will be saved to file for future transactions on my account and that it is my responsibility to notify PirkI Gas Inc. if I move, change/cancel my credit/debit card, or receive a new expiration date for the credit card on file.

_____	_____
Customer Signature	Date