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CREDIT CARD AUTHORIZATION FORM

Please complete the attached and return to our office:

I hereby authorize Value Propane Inc. to keep my signature on file. I understand that is authorization to charge my credit card account for the balance of any invoice on our account with Value Propane Inc. This authorization will remain in force until Value Propane Inc. has received 30 day written notification from me to afford Value Propane Inc. a reasonable opportunity to act on it.

CUSTOMER NAME: _____

CUSTOMER ACCOUNT: _____

CUSTOMER ADDRESS: _____

CUSTOMER PHONE: _____ CELL # _____

CARD HOLDER NAME: _____

CREDIT CARD TYPE: _____ VISA _____ MASTERCARD

CREDIT CARD #: _____

EXPIRY DATE: _____ SECURITY PIN : _____

SIGNATURE: _____

DATE: _____