

CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize PSI Propane to charge my credit card
(NAME)

For services rendered. Not to exceed the amount shown.

AMOUNT \$ _____ USD.

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

PSI Propane
28 Dewey Blvd.
Butte, MT 59701
(406) 494-4333
Fax (406) 494-6909

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

