



Credit Card Authorization Agreement

Please accept this as our authorization to automatically debit my credit card.
The account to which the payments are to be applied is indicated below.

Company Name _____

Personal _____

Full name on Credit Card _____

Credit Card Number _____

Expiry Date on Card _____ Last 3 digits on back _____

Signature _____ Date _____

Billing address for credit card

E- Mail _____

Phone Number _____

FOB# _____

PIN# _____

Tel: 250.559.4611 - 250.559.4527 Fax: 250.559.4512

E-mail sales@fastfuel.ca

Highway16,
Skidegate, BC

Box 219 Queen Charlotte
BC V0T 1S0