

## Credit Card / Debit Card Authorization Form

Date:	Company Name:	(the "Company")		
I,	(name),	(title), of the Company am the authorized		
cardholder fo	r the below-listed credit card and hereby author	ize Rossee Oil Co., Inc. to debit such card on purchases,		
etc. from Ros	see Oil Co., Inc. when I am not present.			

Please indicate below if this authorization is for a one-time use or if Rossee Oil Co., Inc. should keep the authorization on file for future purchases:

## \_\_\_\_ One Time Use \_\_\_\_Keep on File for Future Purchases

By signing this form, I agree not to initiate any chargeback proceedings with the credit card company for charges by Rossee Oil Co., Inc. on the credit card below, and understand that any such charge backs will constitute breach of contract. I agree to waive any chargeback rights I may have, and will contact Rossee Oil Co., Inc. to resolve any dispute regarding charges by Rossee Oil Co., Inc. on the card.

By signing this form, I also agre	ee to a credit card p	rocessing fee beir	ng charged to the	credit card below. The processing			
fee is 3.5% of the total charge	being charged to th	<mark>e credit card.</mark>	(initial here)				
Credit Card Info: (circle one)	Mastercard	Visa	Discover	American Express			
Card#:							
Expiration date:/	Sc	ecurity code:					
Printed name as it appears on	ı card:			-			
Exact billing address as it appears on credit card statement (where statements are mailed to):							
Address:							
City:	Sta	te:	Zip:				
Phone: ( )							
Cardholder signature:							
Witness signature:							
Witness name (print):							
***MUST HAVE A COPY OF THE CARD HOLDER'S ID submitted with this form.							
Please submit form to: Mail: Rossee Oil Co., Inc, P.O. Box 3010, Eatonton, GA 31024							
Fax: 706-485-1109 Email: robin@rosseeoilco.com or natalie@rosseeoilco.com							