

2810 JACOBS AVE  
EUREKA, CA 95501



PH. (707) 443-2228

FAX (707) 443-2242

DBA: Ukiah Oxygen, Petaluma Oxygen & Lake County Welders Supply

## **Credit Card Authorization**

*Please Print Clearly in Black or Blue Ink*

### **Account Information:**

Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

### **Contact Information:**

Contact Name: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Credit Card Information:**

*We Accept All Major Credit Cards. Please Check One:*

VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3 digit code on back of card): \_\_\_\_\_

Card Holder Name As It Appears On Card: \_\_\_\_\_

Mailing Address for Credit Card Statement: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

### **Card Holder Authorization:**

As of: \_\_\_\_\_ I hereby give Eureka Oxygen Company authorization to charge  
(Authorization Date)  
the credit card listed above. I understand this card will be kept on file. Each month, mid-month, this card will be used to pay the total amount shown due on my previous month's statement for the above noted account number.

\_\_\_\_\_  
Card Holder Name, Printed

\_\_\_\_\_  
Card Holder Signature