



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

PLEASE COMPLETE AND MAIL THE FORM BELOW TO:

Eureka Oxygen Company, Inc.
2810 Jacobs Avenue
Eureka, CA 95501

Eureka Oxygen Company, Inc. Strongly Advises Against Emailing Full Credit Card Details. We Request That If You Submit The Following Information Via Email That It Be Encrypted And/Or Password Protected.

Eureka Oxygen Company Will Not be Held Responsible For Unauthorized Charges Resulting From Improperly Transferred Personal Information.

Credit Card Authorization

Please Print Clearly in Black or Blue Ink

Account Information:

Account #: _____

Account Name: _____

Contact Information:

Contact Name: _____

Phone/s: _____

Fax: _____

Monthly Receipts For Payment Will Be Delivered Via Email.

Please send my receipts to the following Email Address:

Credit Card Information:

We Accept All Major Credit Cards. Please Check One:

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

1ST 12 Digits of Credit Card Number ONLY:

□□□□-□□□□-□□□□-**XXXX**

EUREKA OXYGEN COMPANY WILL CONTACT YOU BY PHONE FOR THE REMAINDER OF YOUR CREDIT CARD NUMBERS

Confirmation Telephone #: _____ Expiration Date: _____

(AN AUTHORIZATION TRANSACTION WILL BE CREATED AND THEN VOIDED. IF THE TRANSACTION IS SUCCESSFUL, THE DATA WILL BE SAVED.)

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