



SANTORORO OIL
a division of SANOCO INC

**AUTOMATIC
CREDIT / DEBIT CARD
AUTHORIZATION**

101 Corliss Street • Providence, RI 02904 • (401)942-5000 • (401)276-8958 [Fax] • www.santorooil.com

Account #: _____

Name on Credit Card: _____

Credit Card Invoice Address: Street Address: _____

(This is where you receive your Credit Card Statement)

City: _____ ST: _____ Zip: _____

Type of Credit Card: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

CSV Code (3 digit on back): _____

I hereby authorize Santoro Oil, a division of SANOCO INC, and any of its affiliates, to use the above credit or debit card to pay for purchases.

This authorization is for the above credit card to be charged for any and all deliveries, services and equipment purchased from Santoro Oil, a division of SANOCO INC, and any of its affiliates.

Signature of Card Holder

Date

Would you like your Invoices & Statements emailed to you: Yes No

Would you like your Credit Card Receipt emailed to you: Yes No

If YES to either, Email Address: _____

(Please print your FULL email address legibly)

NOTES:

1) Card will be charged the evening following a delivery being posted (deliveries are usually posted the following business day, so the charge would usually occur two (2) days following delivery). This may result in you receiving a bill in the mail, even though your credit card has been charged.

2) If you vacation for a period of time where you change your mailing address, please contact our Credit Department with your new address. This will prevent non-deliveries and services.