

AUTOMATIC CREDIT CARD AUTHORIZATION

Please complete the form below and return it to our office to authorize automatic payments via the credit card listed.

Credit card number (Visa or MasterCard only)

Card number

Expiration date: _____ / _____

CVV number (3 digit security code listed on back of credit card): _____

Name as it appears on card: _____

Billing Address for credit card:

SIGNATURE:

DATE: _____

CRESS GAS CO. ACCOUNT NUMBER

CRESS GAS CO. ACCOUNT NAME

By signing this form, authorization is granted to Cress Gas Co. to deduct payment for billings to your propane account from your credit card listed above. You may cancel this agreement at any time by giving written notification.

Mail completed form to:

Cress Gas Co.
PO Box 9
Richlandtown, PA 18955-0009