



## Authorization for Credit Card Use

*PLEASE COMPLETE AND PRINT THIS AUTHORIZATION AND RETURN By  
EMAIL OR BY FAX. CONTACT INFO IS LOCATION AT THE BOTTOM OF  
THIS DOCUMENT. All information will remain confidential*

Company Name/Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_ Visa  
\_\_\_\_\_ WEX \_\_\_\_\_ ComData \_\_\_\_\_ Voyager \_\_\_\_\_ MC Fleet

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

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

☐ Please check the box if you would like the card on file for future orders.

**I authorize United Refueling LLC to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.**

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Return the completed and signed form to the following:

Email: [billing@fuelunited.com](mailto:billing@fuelunited.com)

Fax: 972-692-8188