

UR United
Refueling
Authorization for Credit Card Use

*PLEASE COMPLETE AND PRINT THIS AUTHORIZATION AND RETURN BY
EMAIL OR BY FAX. CONTACT INFO IS LOCATED 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 to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank card holder agreement.

Card holder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Email: billing@fuelunited.com

Fax: 972-692-8188