Please have your financial institution review this form to insure the form provides all of the necessary items *and* that all payment cards noted will/can be processed, e.g. American Express and Discover, by your bank.

Optional Credit Card Authorization Form For Payment

I hereby grant Western States Petroleum permission to charge my Visa, MasterCard, American Express or Discover Card, listed below, for purchases made on my Pacific Pride Commercial Fueling account. I understand my card will be charged on the first working day after the close of the invoice-billing period; i.e., 1st or the 16th.

I certify that I am the owner of the below noted credit card, and take responsibility for all payments. I also realize that my credit card will not be charged for any other services except the net invoice amount noted from Western States Petroleum. I also understand that all credit card information is, and will be, private and confidential, and not avail able to anyone else except for Western States Petroleum.

If for any reason payment from this bankcard is cancelled, the account is closed or if payment cannot be processed on the below account, I agree to immediately make full payment of my account to Western States Petroleum on the next business day.

Visa ☐ **MasterCard** ☐ **American Express** ☐ **Discover** ☐

Card Number

_____

Note printed name exactly as it appears on the card

Bankcard Billing Address:

_____

_____

_____

Expiration Date

Verification Code
(Noted on the back of the card)

_____

Signature **Printed Name** **Date**

_____

Company Name **Title**