

CREDIT CARD AUTHORIZATION FORM

I, ______, hereby authorize Firefly Propane, LLC to charge my credit card account for all goods and services purchased by me. I also authorize Firefly Propane, LLC to retain my credit card information for future purchases until I notify Firefly Propane, LLC in writing that I no longer wish to make purchases on my credit card.

Credit Card Billing Address:

Street:				
City:		State:		
Zip Code:				
Telephone: ()			
Home Address (if o	different from billi	ng address):		
Street:				
City:		State:		
Zip Code:				
Telephone: ()			
Please check one:	() VISA () MASTERCARD	() AMERICAN EXPRESS	
Credit Card Numb	er:			
Expiration Date:	/			
	(la t of card above a		ck of card by signature or four digits o	n

Cardholder signature

Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Firefly Propane, LLC will keep all information provided on this form strictly confidential.