



111 South 4th Street, Bay Shore, NY 11706
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customerservice@starlitepropane.com

Credit Card Authorization Form

I (We) hereby authorize Star Lite Propane Gas Company to initiate debit entries to my (our) Credit Card account indicated below.

This authorization is to remain in full force and effect until Star Lite Propane Gas Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Star Lite Propane Gas Company and Depository opportunity to act on it.

Star Lite Propane Gas Company Account #: _____

Name as it appears on the Credit Card (Please Print):

Credit Card (Please Circle): Visa Master Card Discover Amex

Credit Card Account Number: _____

Expiration Date: _____ 3 Digit Security Code: _____ Zip Code _____

Signature : _____ Date: _____

___ Use this card for Automatic payment off all eligible invoices

___ Use this card only when I call and ask that it be used

The information gathered here will NEVER be sold or shared with anyone outside our Corporation and will be used solely for billing purposes.