

PLEASE FILL IN ALL INFORMATION BELOW AND FAX BACK TO: 860-347-5495

Name (as it appears on card):		
Company Name:		
Billing Address:		
Billing Address 2:		
City	State	Zip Code
Phone:	_	
Credit Card Type: Visa	MasterCard	
Card Number:		
Expiration Date: Month	_ Year	
CCV2		git code printed on the back of your are line. It is the last 3 numbers.
I authorize The Stielau Oil Co., Inc. to	o charge my credit card	d for the amount indicated below
Amount		
Signature	Date	



