



## Credit Card Billing Agreement Form

### Authorization Agreement

I hereby authorize **Southern Counties Lubricants LLC.** to keep my credit card on file and bill my credit card upon invoice due date. I also authorize **Southern Counties Lubricants** to bill or credit my card in the event that a credit/debit entry is made in error.

Further, I agree not to hold **Southern Counties Lubricants LLC.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until **Southern Counties Lubricants LLC.** receives a written notice of cancellation from me or my financial institution, or until I submit a new credit card information or chooses to change a method of payment.

### Credit Card Information

Card Holder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Type \_\_\_\_\_ CV2 Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Signature

Customer Name: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

### ATTENTION CUSTOMERS

**DO NOT EMAIL THIS FORM.** Send it to Southern Lubricants LLC by faxing it to **(714)-919-6040**.

Southern Counties Lubricants, LLC  
Attn: Accounting Department  
PO BOX 5765  
Orange, CA 92863

### CONFIDENTIAL INFORMATION

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