



Credit Card Form [One-time Transaction]

Credit Card Information

Card Holder's Name: _____

Credit Card #: _____ Exp Date: _____

Card Type: _____ CV2 Code: _____

Address: _____

City: _____ State: _____ Zip: _____

Southern Counties Lubricants LLC will not keep a credit card number on file. At the completion of this transaction, this document with this credit card will be shredded.

Customer Information

Customer ID: _____

Invoice: _____

Customer Name: _____

Invoice: _____

Phone Number: _____

Invoice: _____

Date: _____

Other: _____

Total: _____

Preferred Method of Receipt Notification

Email _____

In Person

Fax _____

No Receipt

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

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