



Credit Card Billing Form

Authorization Agreement

Credit Card [On File 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.

Notes: _____

Authorized Signature: _____ Date: _____

Credit Card [One-Time Transaction]

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 information will be shredded and destroyed.

Invoice: _____ Other: _____

Invoice: _____ Total: _____

Notes: _____

Authorized Signature: _____ Date: _____

Customer & Credit Card Information

Account ID: _____ Account Name: _____

Contact Name: _____ Phone: _____

Card Holder Name: _____

Please do NOT provide full credit card#. To remain PCI compliant, we will call you to get full card #. Last 4 Digits of Credit Card #: _____ Exp Date: _____

Address: _____

City: _____ State: _____ Zip: _____

CONFIDENTIAL INFORMATION

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Preferred Method of Receipt Notification

Email

Fax

In Person

No Receipt

ATTENTION CUSTOMERS

Send completed form to Southern Lubricants LLC by faxing it to **(714) 922-7312**
or email to scbilling@scoil.com

Thank you for your business!

(v 5.0 11/09/2018)