



**GLOBE PETROLEUM**

*Always at your service.*

HEATING OIL • DIESEL FUEL • GASOLINE • ON-SITE FUELING • LUBRICANTS

9 Central Avenue  
Red Bank, NJ 07701

Phone: (800) 432•8546

3017 Route 9 South  
Rio Grande, NJ 08242

### Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- You can get Rewards Points for paying your bill

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged for each delivery invoice for the total amount due for that invoice. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided.

**Please complete the information below:**

I \_\_\_\_\_ authorize Globe Petroleum Inc. to charge my credit card  
(full name)

indicated below on the day of each Delivery for payment of my Fuel Invoice.

I understand that no prior notification will be provided.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa       MasterCard       Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.