



Suhre's Gas Co. Inc.

P.O. Box 127 • Hamel, IL 62046-0127
618-633-2231
www.suhresgas.com

Credit Card/Checking Account Authorization Form

I, (Print Full Name) _____ certify that I am the account holder and hereby authorize Suhre's Gas Co. Inc. to charge account indicated below and keep this information on file to use for all future orders until authorization is cancelled by written notice or updated by a new card/account/or authorization.

Special Instructions: _____

Credit/Debit Card: (Circle One) Mastercard Visa Discover American Express

Cardholders Name _____

Card Number _____

Expiration Date (MM/YYYY) _____ / _____

Customer Billing Address _____

Phone Number _____

Signature _____

OR

Banking Account*: (Circle One) Checking Savings * Attach Void Check or Deposit to this form

Bank Name _____

Routing # _____

Account # _____

Name & Address on Account _____

Phone Number _____

Signature _____

Mail completed form to: Suhre's Gas Co. Inc. • PO Box 127 • Hamel, IL 62046-0127