

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION:

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Cardholder Name:
(as shown on card)

Card Number:

Expiration Date:

CVV/CVC:

Billing Address:

City:

State:

ZIP:

Business Name:

Please provide an email where receipt can be sent:

☐ I understand there is a 3% convenience fee on all credit card transactions.

I, _____, authorize America's Energy Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date: