for all your Gas needs

PREFERRED GAS VOLUSIAPOWER

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
☐ Other _____

Cardholder Name: (as shown on card)
_____

Card Number: _____

Card Verification Number: _____

Expiration Date: (mm/yy) _____

Cardholder ZIP Code: (credit card billing address) _____

I, _____, authorize *Preferred Gas LLC / Volusia Power LLC* to charge my credit card listed above for the agreed upon purchases. I understand that my information will be saved for future transactions on my account.

_____ _____

Customer Signature: **Date:**

Office: 386-469-7979 **Email To: Accounts@PreferredGas.com**