



Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete and sign this form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at 800-860-2427 or CustomerSatisfaction@butlergas.com.

Customer Information

Customer/company _____

Contact name _____ Account ID _____

Email address _____ Phone (____) _____ - _____ Ext: _____

Payment Information

I authorize Butler Gas Products Company to automatically bill the card listed below as specified:

Product/service description _____

Payment Option (check one)

Account Balance as Incurred _____

Recurring amount:

Frequency (check one) Once Daily Weekly Twice/month Monthly Quarterly

Start on _____ / _____ / _____ End on: (check one) _____ / _____ / _____
Month Day Year Month Day Year

No end date

Credit Card Information

Card type MasterCard VISA Discover AMEX Other _____

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____ CVV _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

The undersigned hereby states that the information provided in this form is true and correct to the best of his/her knowledge, and agrees to Butler Gas Products Company, Inc.'s terms and conditions.

Customer's signature

Date