



## 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 number \_\_\_\_\_

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

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