

## **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 Option (check one)			
Payment Choices: Net1 Net15 N	let30		
Do Not Opt Into Auto Charge, Keep Card On File Until Instructed To Charge			
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 numbe	r
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	Dat	e	