



Authorization for Credit Card Use

*PLEASE COMPLETE AND PRINT THIS AUTHORIZATION AND RETURN BY
EMAIL OR BY FAX. CONTACT INFO IS LOCATED AT THE BOTTOM OF
THIS DOCUMENT. By Signing this Document You are Agreeing to the terms listed on our Web page at
www.fuelunited.com/credit-card-auth-online
All information will remain confidential.*

Company Name/Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Master Card _____ Discover _____ AMEX _____ Visa
_____ WEX _____ ComData _____ Voyager _____ MC Fleet

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Please check the box if you would like the card on file for future orders.

I authorize United Refueling LLC to charge the to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank card holder agreement.

Card holder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Email: billing@fuelunited.com

Fax: 972-692-8188