MACKENZIE OIL LTD.

1486 Plank Road, Sarnia ON N7T 7H3 519-336-0521 • mackenzieoil.com

Credit Card Authorization

Keep on File

All fields are mandatory fields.

I hereby authorize Mackenzie Oil to charge my credit card ('are as follows:	Visa, MasterCard) Credit card details
Name on card:	
Credit card #:	CVC #:
Expiry Date:	
Date Requested for processing (MUST CHECK ONE OP	TION):
Pay Per Delivery	
Statement balance - 20th of following month	
Current month charges - 30th of the same month	
Budget plan - 1st or 15th of month Budget amount \$	<u> </u>
(Note: processing does not occur on dates that fall within weekends	s, processing would apply the following Monday)
I understand that this authorization may be cancelled at any	time upon written notice from me.
My account number with Mackenzie Oil is	, account name
	_all payments are to be applied accordingly.
I will advise Mackenzie Oil of any changes to this credit care	d information on file.
Name of card holder	
rans of oals noted.	Said

For printed copies, please print name clearly here