

BEST LINE OIL COMPANY  
219 N 20<sup>th</sup> STREET  
TAMPA, FL 33605  
Fax# 813-248-7824

CREDIT CARD AUTHORIZATION

CUSTOMER NAME: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CCV #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I give Best Line Oil permission to use the above credit card.

Card holder signature: \_\_\_\_\_