



CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize Blue Flame Fuels to charge my credit card for services rendered.

Credit Card Type _____

Credit Card # _____

Card CV2# _____

Expiration Date _____

Billing Address _____

Billing Zip Code _____

Name on Card _____

(as it appears on card)

Signature

Date

Mail To:
Blue Flame Fuels
4506 Dakota Pkwy West
Williston, WY 83127
(701) 875-5000

DO NOT WRITE BELOW, COMPANY USE ONLY

Notes: _____
