



## Cease All Credit Card Authorization Form

Date: \_\_\_\_\_

Acct. # \_\_\_\_\_

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### Credit Card Information

Name of Business: \_\_\_\_\_

Name of Card Holder (please print) \_\_\_\_\_

Card Type: ☐ MasterCard 3% fee    ☐ American Express 4% fee    ☐ Visa 3% fee    ☐ Discover 3% fee

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Zip Code (required) \_\_\_\_\_ Email: \_\_\_\_\_

### Credit Card Transaction Receipt Preference

By Email: Email Address: \_\_\_\_\_

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I authorize On-Site Fuels, Inc. to charge the above referenced credit card for all purchases made on our account until formal notice in writing is given to cease charges to our credit card account.

\_\_\_\_\_  
Cardholder or Authorized User (Signature)

\_\_\_\_\_  
Date

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Email to: [credit@schmidtsons.com](mailto:credit@schmidtsons.com)