



5706 Saddle Club Drive, Kalamazoo, MI 49009  
Office (866) 977-3835 | Fax (877) 428-6614 | www.wssfuels.com

### Credit Card Payment Information

If you would like to pay your account/invoices by credit card, please complete this form and return by fax.

Company/Customer Name \_\_\_\_\_

Card type:			
VISA ( )	Master Card ( )	Discover ( )	
American Express ( )	Sunoco ( )	Sunoco MC ( )	
_____	_____	_____	_____
Credit Card # (please print clearly)	Expiration Date	3 digit code	Pin#
_____			
Cardholder Name	Billing Zip Code		

Use this card to pay:

( ) All charges to my account as they occur

( ) These specific invoices listed:

\_\_\_\_\_

Would you like your receipt faxed? Yes ( ) No ( )

Fax Number \_\_\_\_\_

By signing this form, I am authorizing Walsh Service Solutions, LLC to complete a manual sale using the above credit card.

\_\_\_\_\_  
Printed Name – Authorizing Payment

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date