



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