

Prime Lube, Inc.

800 Roosevelt Avenue Carteret, NJ 07008
Phone 732 969-9200 | FAX 732-541-7999

ONE-TIME CREDIT CARD AUTHORIZATION FORM

Sales Representative: _____

Customer Name: _____

Billing Address: _____

Delivery Address (if different): _____

Phone #: _____ Fax #: _____ Contact Person: _____

Projected Annual Gallons: _____ Product Type: _____

ORGANIZATION: Proprietorship: _____ Partnership: _____ Corporation: _____ Municipality: _____

TAX STATUS: Taxable _____ Resale _____ Government _____ TAX ID NUMBER _____
(If your tax status is other than taxable, please include a tax exempt form.)

Charge to (check one): Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ Credit Card Verification Number (CVN): _____

Name as Show on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Individuals Authorized to Request Service: _____

By submitting this account registration form, I agree to the following:

1. I hereby authorize Prime Lube Inc. to make a single use charge on the credit card listed for the provided for any products or services that are requested by the individuals listed above.
2. Prime Lube Inc. is authorized to use the listed e-mail for correspondence.
3. I understand that in the event that the charge against this account is denied, I will be notified immediately to make payment in cash, money order or certified check and it will be my responsibility to pay for any services requested along with any finance charges, attorney fees and court costs associated with collection on past due accounts.
4. A fee of 3% of the invoice value will be added to cover administrative costs.

Signature: _____

Date: _____