

Credit Card Authorization

_____ Acct.# _____

I AUTHORIZE LYONS LP GAS CO. TO USE

VISA / MASTERCARD # _____

EXPIRATION DATE _____

TO PAY INVOICES FOR MY PROPANE. THIS WILL BE PROCESSED WITHIN TWO (2) DAYS OF DELIVERY. NO DISCOUNT WILL BE GIVEN ON CHARGE CARD PAYMENTS.

Failure to notify us when your expiration date changes may cause a delay in payment of your invoice.

This agreement remains in effect until the card's expiration date or we are notified in writing by the card holder.

This will not be in effect until we receive this letter in our office

Signature

