



DEBIT/CREDIT AGREEMENT



This authority shall remain in effect until terminated at the sole discretion of the Company, or upon written notice by the customer received at our office at P.O. Box 40, Kent, WA 98035. Notice of termination shall in no way affect debit or credit transaction initiated prior to actual receipt of notice.

I (We) hereby authorize debit/credit entries to my (our) bank account, provided, however, such transaction are for properly supported charges due and owing the Company.

Customer agrees to maintain sufficient funds in the above-designated commercial bank account to pay EFT Debit Entries when initiated. Should the Debit Entry be rejected by the Bank/Financial Institution for any reason, PetroCard reserves the right to immediately terminate this agreement and/or require, in PetroCard's sole discretion, certified or cashier's check, money order, prepayment or other approved means of payment, for and all of the charges due and owing the Company. All other agreement between Customer and Company remain in effect. It is understood that is authorization is subject to credit approval by Company. Customers will receive invoices and EFT notices by email unless otherwise requested.



AUTHORIZED AGREEMENT FOR AUTOMATIC PAYMENTS

Approved accounts will be drafted \$1.00 immediately after account approval to confirm the bank account information provided. The \$1.00 will be returned approximately 1 week after the initial draft.

FULL LEGAL NAME (S)		PHONE NUMBER	
ADDRESS		CITY/STATE/ZIP	
I (WE) HEREBY AUTHORIZE PETROCARD TO INITIATE DEBIT/CREDIT ENTRIES TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION NAMED BELOW.			
FINANCIAL INSTITUTION	BRANCH		CITY/STATE/ZIP
TRANSIT/ROUTING NO.	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NO.	PHONE NUMBER
THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL PETROCARD AND FINANCIAL INSTITUTION HAVE RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD PETROCARD AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.			
AUTHORIZED SIGNATURE (S) X		DATE	TAX ID NO.
PRINTED NAME (S)		FAX OR EMAIL ADDRESS	
ACCOUNTS PAYABLE EMAIL ADDRESS TO SEND INVOICE/EFT NOTICES TO:			



ATTACH VOIDED CHECK HERE