

**AUTHORIZATION FORM FOR AUTOMATIC CREDIT CARD PAYMENTS**

**POINT BAY FUEL  
71 IRONS STREET  
TOMS RIVER, NEW JERSEY 08753  
TEL: 732-349-5059  
FAX: 732-349-1788**

**POINT BAY ACCOUNT NUMBER:**

\_\_\_\_\_

**CARD HOLDER NAME:**

\_\_\_\_\_

**CREDIT CARD BILLING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DELIVERY ADDRESS (IF DIFFERENT):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT CARD NUMBER:**

\_\_\_\_\_

**EXPIRATION DATE:**

\_\_\_\_\_

**I agree to pay balance according to card issuer. All payments will be processed within 5 days.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**WE ACCEPT: VISA, MASTERCARD, & DISCOVER**