

STOCKER HOME ENERGY SERVICES

236 BOSTON STREET – TOPSFIELD, MA 01983 – 978-535-5180

AUTO CHARGE CREDIT CARD FORM



Customer name (please print) _____ Email address _____

Cardholder Name _____

Cardholder Billing Address _____

City _____ State _____ Zip Code _____

Credit Card Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

I authorize Stocker Oil Co., Inc. to automatically apply charges to my credit card. I understand all charges will be paid following the delivery or service date and the receipt will be emailed to me directly. I agree to the payment terms set forth on the Credit Application and have signed this agreement.

This agreement is valid unless service is discontinued through written notice to Stocker Oil.

****Please notify Stocker Oil of any changes to your card number or status as soon as possible.****

Please choose one option:

_____ Please use my card for ALL fuel deliveries & service.

_____ Please use my card for fuel deliveries only.

_____ Please use my card for service only.

_____ Please use my card for my Budget payments & service.

_____ Please use my card for my Budget payments only.

Return this form to Stocker Oil via mail, fax 978-561-1634, or email info@stockeroil.com