



2535 S. Van Dyke Rd.
Marlette, MI 48453
989-635-3596 or
800 LONG GAS
Fax #989-635-5585

7544 S. Brockway Rd.
Yale, MI 48097
810-387-2033 or
877 LONG GAS
Fax #810-387-4447

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION AGREEMENT

If you would like to enjoy the convenience of automatic billing to your Visa, MasterCard, American Express or Discover card, fill out all of the information below. Your primary credit card will automatically be billed (or alternate card, if the primary card is declined for some reason) for amounts due and your total charges will appear on your credit card statement. You may cancel this automatic billing authorization at any time by writing to us at the above address.

Name on your Long's account

Your Account Number

Home Phone

Alternate Phone

PRIMARY CREDIT CARD

ALTERNATE CREDIT CARD

Name on account (as printed on card)

Name on account (as printed on card)

Billing address for account

Billing address for account

City, State, ZIP

City, State, ZIP

Account Number

Exp Date

Account Number

Exp Date

I authorize Long's Tri-County Gas Co. to automatically bill one of the credit cards listed above as specified below:

- ____ Bill all regular charges to my credit card.
- ____ Bill my monthly budget-billing rate to my credit card.

Please tell us how long you want us to automatically bill your credit card.

- ____ Authorization is valid for one year from the date of this Agreement.
- ____ Authorization is valid until this date: _____.

Check here if you would like a receipt to be mailed to you.

Unless previously terminated, at the end of this time, you will be given the opportunity to renew your authorization.

Additional Terms and Conditions:

1. The inability of Long's Tri-County Gas Co. to secure payment from the accounts designated above may result in termination of services which includes tank pickup (if tank is leased) and/or immediate termination of this Agreement
2. Long's Tri-County Gas Co. reserves the right to cancel this Agreement at any time upon 15 business days written notice to the billing address(es) provided above.

AUTHORIZATION
Long's Tri-County Gas Co.

CUSTOMER AUTHORIZATION

Customer Name

By _____

By _____

Date: _____

Date: _____