

## CREDIT CARD AUTHORIZATION FORM

By signing this form you authorize Advanced Gases & Equipment to keep your credit card on file and to charge it for purchases and cylinder rental as indicated below (select one).

Automatically pay my cylinder rental invoices each month.

Automatically pay my account statement in full each month.

Use my card for order and purchases as I make them.

Keep on file. I will contact Advanced Gases when I wish to make a payment for an order.

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### Please complete information below:

Company Name/Account #: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

### Billing Information:

Name as it appears on card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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