

PAYMENT AUTHORIZATION FORM TO CHARGE PURCHASES TO CREDIT / DEBIT OR CHARGE CARDS

I hereby authorize Western Refining Wholesale, LLC. ("WR"), or its affiliates, to charge the below designated credit/debit or charge card for any product purchase including for any prepayment or advance purchase related thereto. For recurring purchases, charges will be applied on the due date of the invoice associated with each billing period.

Business Name _____ Contact Name _____

Mailing Address _____
Address City State Zip

Contact Phone _____ Contact Fax _____

Name on Card _____ Title / Position _____

Card Type (select one) Credit <input type="checkbox"/> Debit <input type="checkbox"/>	Card Number	Exp Date	CVV/CVV2*
<input type="checkbox"/> Visa / <input type="checkbox"/> Master Card / <input type="checkbox"/> Discover			
<input type="checkbox"/> American Express			



Cardholder's Signature _____

Cardholder's Billing Address _____
Address City State Zip

Cardholder's Email Address _____ Date _____

I understand that this information will be used for purposes of verification to prevent fraudulent usage in accordance with United States Code, Title 18, Part I, Chapter 63.

By completing this form, I authorize WR, or its affiliates, to charge the designated credit/debit or charge card in this authorization form according to the terms outlined above. If the due date for any invoice falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand this authorization will remain in effect until I cancel in it in writing and I agree to notify WR in writing of any changes in my account information or of termination of this authorization at least 20 days prior to the next payment date. I certify that I am an authorized user of this credit/debit or charge card and that the above information is accurate.

FOR YOUR PROTECTION PLEASE ONLY FAX TO OUR SECURED FAX NUMBER @ 602-683-5718

For Internal Use Only

<input type="checkbox"/> One Time Only <input type="checkbox"/> Keep On File <input type="checkbox"/> Replacement Card Special Handling Instructions: _____ Submitted By: _____	<input type="checkbox"/> JDE Bill-to Number: _____ <input type="checkbox"/> Applies to <u>All</u> Ship-to accounts <input type="checkbox"/> Applies to <u>Only</u> these Ship-tos: _____ _____ _____
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