



AUTOMATIC PAYMENT REQUEST FORM

Gas Account # _____ Oil Account # _____

Credit Card Holders Full Name and Address:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Visa # _____ CVV# _____ EXP-DATE _____

Master Card # _____ CVV# _____ EXP-DATE _____

Discover # _____ CVV# _____ EXP-DATE _____

Amex # _____ CVV# _____ EXP-DATE _____

Please enroll my credit card account noted above in the Automatic Payment Program. I understand that my credit card payments will be deducted automatically after each delivery and service work performed or for my monthly budget payment. I also understand that the amount of the payments may vary each month and that my monthly statement will be my only notice regarding these automatic payments.

All requests are subject to final approval by the Credit Department of Leahy's Fuels, Inc.

Signature _____ Date _____

PLEASE RETURN THE COMPLETED FORM TO:

E-MAIL: credit@leahys.com

Fax: (203) 616-2117

**Mail To:
Leahy's Fuels, Inc.
130 White Street, P.O. Box 130
Danbury, CT 06813-0130**