

CREDIT CARD PERMISSION FORM

INSTRUCTIONS: Fill out this form in its entirety. **ALL BLANKS MUST BE FILLED IN!** If you have questions or concerns, please call High Plains at 507-534-3111 or 800-927-4256. THANK YOU!!

FROM: name _____

Soc. Sec. Number _____
(As a Cooperative we need this information)

Date of birth _____
(For the distribution of dividends we need this information)

street _____

city, state, zip _____

telephone _____

e-mail address (optional) _____

Addresses and e-mail addresses are for High Plains Coop use only. We do not give out our customer information to anyone, for any reason, without direct permission of the customer.

Please indicate preference for fuel/LP delivery

WILL CALL KEEP FULL (CREDIT CARD INFO MUST BE FILLED OUT)

THIS AUTHORIZES HIGH PLAINS COOPERATIVE OF
PLAINVIEW, MN, TO CHARGE TO MY CREDIT CARD (listed below),
PURCHASES OF PETROLEUM/PROPANE PRODUCTS AND SERVICES AS
DELIVERED BY HIGH PLAINS' EMPLOYEES.

CARDHOLDER NAME: _____

CREDIT CARD TYPE (Cenex, Visa, etc.) _____

CARD #: _____ C.I.D.# _____

EXPIRATION DATE: _____

[PLEASE UPDATE CREDIT CARD INFO AS CHANGES OCCUR]

PREVIOUS ZIP CODE if it has changed over the past year _____

SIGNED: _____

DATE: _____

For office use only.

Driver number _____

LP _____ Petroleum _____ C-store _____ Other _____