



PO Box 15151 Wilmington, DE 19850
302-594-4562 • 302-594-4567 FAX

COD Credit Card Authorization

Account Name: _____ Account #: _____

Auto Pay Agreement: All cylinder rentals will automatically renew at the beginning of every month; all cylinder leases will automatically renew every year. All rentals/leases and any other open invoices will automatically charge to the credit card below unless previously paid prior to month end. Invoices and receipts will only be sent if an e-mail address is provided below.

I agree to have Keen Compressed Gas Co. charge my invoices to the following credit card:

Card #: _____ - _____ - _____ - _____

Expiration Date: _____ Credit Card Type: VISA MASTERCARD AMEX DISCOVER

BILLING INFORMATION		SHIPPING INFORMATION	
Name: _____		Name: _____	
Billing Address: _____		Shipping Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
GENERAL INFORMATION			
License #: _____	License State: _____	Phone #: _____	
E-mail address for invoices and/or receipt(s): _____			
I authorize the following personnel to pick up phoned in orders charged to the above card: _____			

By signing below, I authorize Keen Compressed Gas Co. to store the above credit card number in a secured vault system. I authorize Keen to charge the credit card for the replacement cost of the Keen cylinder(s) I am renting/leasing if any cylinders become lost or stolen while in my possession. I authorize Keen to charge the credit card for the monthly rentals/yearly leases, as well as any open invoices. I understand I will be charged for a required cylinder deposit of \$75.00 per cylinder. I understand I will only receive a receipt for these charges if I have provided an e-mail address above.

In addition, if the above credit card expires or the card number changes, I will notify the Keen Credit Department at 302-594-4562 of the new expiration date and/or card number before the next monthly billing cycle.

I acknowledge that this Auto Pay Agreement will remain in place until I return all Keen Compressed Gas Co. cylinders.

Authorized Signature: _____ Date: _____

Print Name: _____ Title/Position: _____

Please submit completed form to the Keen Credit Department's secure FAX line: 302-594-4567