



Please return to the address below:

IMPERIAL OIL
PO BOX 1048
MONCTON NB E1C SF2

AUTHORIZATION FORM

Customer Number:
Account Number:

I/We hereby authorize and direct you to debit the credit card account(s) detailed below for the value of all goods and services provided by or on behalf of Imperial Oil or its Associates to me/us and for so doing, this shall be your Good and Sufficient Authority. In consideration of your acting as aforesaid, it is agreed that your treatment of such debits and your rights with respect to them, shall be the same as if they were signed by the signer personally.

All credit cards will be treated as having no expiry date for billing purposes unless Imperial Oil is notified otherwise.

NAME OF CARDHOLDER (as it appears on the card - please print)

VISA/MASTERCARD (circle one)

____ - ____ - ____ - ____ Expiry Date ____/____ (mm/yy)

Signature Date