



Fountain Inn Natural Gas System

MONTHLY CREDIT CARD AUTHORIZATION

Mike Pitman, Systems Manager

William Luttrell, Superintendent

Shannon McMakin, Office Manager

Name: _____

Address: _____

Account Number: _____

Please complete the following:

Telephone Number: _____

Name as it appears on card: _____

Master Card or Visa (Circle one)

Card Number: _____

Expiration Date: _____

Security code (3 digit code located on the back of the card): _____

I authorize Fountain Inn Natural Gas System to charge my credit card monthly.

Signature: _____

Your account will be charged on the due date of each bill. If you have any questions please call 864-862-0042. Please complete this form and return it to the Gas Office at 100 S Weston St., or mail it to:

Fountain Inn Natural Gas System
PO Box 127
Fountain Inn, SC 29644-0127

Please be aware of your credit card's expiration date when using the credit card authorization service. Payments cannot be processed with an invalid expiration date. It is your responsibility to notify our office when the expiration date changes. If for any reason your card is declined, your gas service is subject to disconnection for non-payment.

Updated 2/09/09