



3371 NORTH STATE ST. UKIAH, CA. 95482 www.ereenergy.com (707) 462-5554 FAX (707) 462-2337

ER ENERGY, INC.

Credit Card Payment Authorization

I, hereby authorize ER Energy, Inc. to charge the balance of my monthly statement from them on the credit card shown below without my signature. I will receive a monthly statement that shows the balance that was charged. I understand that this authorization will be in lieu of my signature on the charge receipt. I further understand that my authorization as signed below will remain in effect until cancelled by me in writing. It is my understanding that I must notify ER Energy, Inc. of any change in the status of my account. I shall also be responsible for any costs of collection incurred by ER Energy, Inc. in recovering monies lost from a denied charge.

Name of Cardholder (Please Print)

Name as Shown on Card (Please Print)

Circle Credit Card Type: VISA MASTERCARD DISCOVER

Card Number _____ Exp. Date _____

Cardholder Signature

Date

Eel River Acct Name _____ Acct # _____

This credit card will be charged according to your monthly statement.