



FUEL ORDER FORM

FAX TO: 562-432-7969

(A CONFIRMATION OF YOUR ORDER WILL BE SENT)

EVENT NAME : _____
 CONTACT PERSON: _____
 EMAIL ADDRESS: _____
 MAIL ADDRESS: _____
 TELEPHONE NO. : _____

BILLING INFORMATION PLEASE CIRCLE ONE:
 USE MY CREDIT CARD ON FILE: YES NO
 I HAVE A AMBER RACING SERVICES/ DION & SONS, INC. ACCOUNT: YES NO
 I PLAN TO PAY WITH: CASH CHECK CREDIT CARD

FUEL	QUANTITY/GALLONS	TYPE / OCTANE

BILLING INFORMATION PLEASE CIRCLE ONE:
 CREDIT CARD TYPE: VISA MC AMEX
 CREDIT CARD NUMBER: _____ EXP. DATE : _____
 SECURITY CODE (Located on back of card): _____
 BILLING ADDRESS: _____

I authorize Dion and Sons, Inc. to charge my credit card for the purchase of the race fuel listed above. I also authorize Dion and Sons, Inc. to keep my credit card on file for future purchases.

Print name as appears on card : _____
 Signature as appears on card : _____

