

NOTICE AND DEMAND OF PAYMENT FOR MOTOR FUEL

Vehicle Owner

You are hereby notified that:

On _____, your vehicle with license plate number _____* was observed
Date *Plate Number*

driving off without paying for \$_____ of _____.
Amount *Gasoline Type/ Brand*

Witnessing Employee Signature

Owner/Manager Signature

AUTHORIZATION FOR DRIVER INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Signature of Owner/Manager

____/____/____
Date

Remit \$ _____ to _____ by _____
Amount *Name and Address of Retailer* *Date*

**The vehicle information being requested can be used only to demand payment for a "Drive-off".
Any misuse, or publication of this information could lead to legal action.**

Visa Master Card Discover

There will be a \$9.50 charge for MSSA Members and a \$12.50 for non-members per license plate requested that is on file.

Name on Card: _____

Acct : _____ Exp ____/____

Signature: _____ 3 Digit code _____

Please fill out your credit card information to the right.

Vehicle description: _____

Fax this form to MSSA at 651-487-2447
Or email to Nikki@mnsa.com

MN___ WI___ Other _____