

CREDIT CARD FORM

Copy of Credit Card (Front)

Copy of Driver's License/ID

Card Holder Name

Billing Address

City, State & Zip

Expiration Date

Security Code (CVV - Required)

Phone #

Email Address

Company Name

Company Address

City, State & Zip

Change to CC Only - (Current N30 Accounts)

Contractor License #

Check Here For One Time Use

Inv# _____ \$ _____

For your convenience, we will use this authorization to charge your credit card account for orders placed by you or your authorized representative. These charges may include will call orders, shipping orders, past due invoices or returned checks on your account. Furthermore, by signing this form you are giving us permission to update, as necessary, the expiration date we have on file without requiring a new form if the date is all that has changed. By providing my signature below, I authorize Pritchard Supply to obtain a consumer credit report to release relevant credit information. I hereby authorize all corporations, credit agencies and persons to release all information they may have about me and my accounts. This authorization shall be valid in original or copy form.

Authorized Signature

Date

SHIPPING INFORMATION

Authorized Shipping Address

City, State & Zip

Name / Department for Shipments

PERSON AUTHORIZED TO PICK UP MERCHANDISE AND SIGN ON YOUR BEHALF

Name (please print)

Signature

Name (please print)

Signature

