

Segalla Sand & Gravel, Inc.

112 Allyndale Road

North Canaan, CT 06018

860.824.4444 (o) 860.824.4446 (f) segallasandandgravel@gmail.com

www.segallasandandgravel.net

Acct No. _____

I, _____, of _____
(Company Name), request and hereby give permission to Segalla Sand & Gravel, Inc. to keep my
information on file, for purpose of applying funds to my account at Segalla Sand & Gravel, Inc., as per
following payment schedule:

\$ _____ . ____ on _____ (date) as 'One Time Only' Payment

OR

_____ keep on file for future payments as needed

Name of Cardholder(s) and/or Company name as appear on card:

____ AMEX ____ DISCOVER ____ MASTERCARD ____ VISA

Card No. : _____

Expiration: ____ / ____

3/4 Security code: _____

Billing Zip Code: _____

Phone: (____) _____ - _____

Card Holder Signature

Date