

RBS Srep# \_\_\_\_\_

Acct# \_\_\_\_\_



**CREDIT CARD AUTHORIZATION FORM FOR PRO ACCOUNT**

Corporate Office, 100 Precision Drive, Suite 2, Shirley, NY 11967

Tel: (631) 727-1400 Fax: (631) 727-6361

To insure your account is opened promptly, please legibly print all information.

**RBS Account Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

**Please make a legible photo copy of the credit card, front and back, to keep on file.**

**Please fax or mail to the corporate office address above.**

I hereby authorize Riverhead Building Supply Corp to charge to any of the credit card listed above, and to accept verbal or telephone orders, without my signature, from myself or from the authorized signers listed above for the purchase of materials sold by Riverhead Building Supply Corp.

Date: \_\_\_\_\_

Cardholder (Print in ink)

\_\_\_\_\_

Cardholder (Sign in ink)