



**CREDIT CARD AUTHORIZATION FORM FOR PRO ACCOUNT**

Corp Office: 250 David Ct. Calverton, NY 11933 Tel 1-877-335-1501 Fax 631-727-6361 Email [creditgroup@rbscorp.com](mailto:creditgroup@rbscorp.com)

Account Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
Cardholder ZIP Code (From credit card billing statement): \_\_\_\_\_  
Credit Card Number (Last 4 digits only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Credit Card Type (Check one please): VISA \_\_\_\_\_ M/C \_\_\_\_\_ AMEX \_\_\_\_\_ DISC \_\_\_\_\_  
Email: \_\_\_\_\_

Would you like to be emailed copies of invoices? YES \_\_\_\_\_ NO \_\_\_\_\_

**FOR YOUR SECURITY, PLEASE CALL THE CREDIT DEPT 1-877-335-1501 & GIVE YOUR FULL CREDIT CARD NUMBER**

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

Please check this box to authorize RBSC to load this card to any & all job account(s)

Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_

**A LEGIBLE COPY OF A DRIVER'S LICENSE & A W-9 FORM IS REQUIRED OF ALL ACCOUNT HOLDERS**

**PLEASE BE ADVISED AT EITHER THE TIME OF UPLOADING YOUR CARD OR CORRECTION OF CC INFO, A PRE- AUTH CHARGE OF \$1.00 WILL TEMPORARILY BE CHARGED/VOIDED TO ENSURE THAT CC BILLING ADDRESS IS CORRECT**