

RBS Sales Rep# _____

Account # _____



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

Account Name: _____

Statement Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Delivery Address (if applicable): _____

Phone: _____ 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

Credit Card Number: XXXX XXXX XXXX _____ (Last 4 digits only) Expiration Date: _____

Credit Card Type (Check one please): VISA _____ M/C _____ AMEX _____ DISC _____

Cardholder Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signers (Ex. Contractor, Builder, Family Members):

_____	_____
_____	_____
_____	_____

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 the authorized purchasers listed above for purchase of materials sold by RBSC.

Date: _____ Cardholder Signature: _____

Cardholder Name (Print): _____

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