

BUSINESS ACCOUNT APPLICATION – CREDIT CARD ON FILE

Application Date _____/_____
Account # _____
Salesperson _____
PL _____
Tax Code _____



10733 Rhody Dr.
Port Hadlock, WA 98339
360-385-2111
www.carlsbuildingsupply.com

Business information:

Business Name: _____

Mailing (Billing) address: _____

Street address: _____

City: _____ STATE: _____ Zip code: _____

Phone # _____ Cell # _____ Fax # _____

Corporation: LLC: Partnership: Sole Proprietorship:

Date business opened: _____ Contractor's license #: _____

UBI #: _____ WA State Reseller Permit#: _____

Note: Without a valid reseller permit #, Carl's Building Supply must collect sales tax on all purchases. **YOU MUST INCLUDE A COPY OF YOUR PERMIT WITH THIS APPLICATION.**

Company Principals:

1. Name: _____ Title: _____

2. Name: _____ Title: _____

Authorized Purchasers:

Please list all persons authorized to charge on your account/credit card on file (if not completed; only the principals will be authorized to purchase):

1. Name: _____ Title: _____

2. Name: _____ Title: _____

3. Name: _____ Title: _____

4. Name: _____ Title: _____

5. Name: _____ Title: _____

Do you require any of the following to charge your credit card on file?

Purchase order: Yes ___ No ___

Job Name: Yes ___ No ___

Job Address: Yes ___ No ___

Other special requirements: _____

Would you like to receive copies of your purchases via email at time of purchase? Please circle Y or N:

Email address(es): _____

Customer Credit Card Pre-Authorization

To better serve our customers and simplify your billing experience, Carl's offers to keep a credit card on file for our business customers. Charge card information is filed with your confidential information and kept secure.

PAYMENT INFORMATION

Type of Card:    

Card Number: _____

Expiration Date: _____ Security Code: _____
(last three digits on card, last four on AMEX)

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

CHARGE POLICY

_____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the goods and services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions. You may revoke this credit card on file by submitting a written request to the address at the top of this form. You also agree to pay the cost for any returned or challenged payments.