

UPDATING EXISTING CARD ON FILE



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Date Received _____/_____/_____
 Account # _____
 Salesperson _____
 Tax Code _____

Account Holder Information:

Name/Business: _____ Mailing (Billing) address: _____
 City: _____ STATE: _____ Zip code: _____
 Phone # _____ Cell # _____ Email: _____

Any Changes to Your Authorized Purchasers? Please list all persons authorized to your use your credit card on file.

Please Add:

1. Name: _____ Signature: _____
 2. Name: _____ Signature: _____

Please Remove:

1. Name: _____ Signature: _____
 2. Name: _____ Signature: _____

Customer Credit Card Pre-Authorization

PAYMENT INFORMATION	Type of Card: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Last 4 Digits of Card on File: ____ ____ ____ ____ (For your security we are not asking for all card #'s if nothing has changed) New Expiration Date: _____ New Security Code: _____ (last 3 digits, 4 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.