

Albertville Wood Products, Inc
10 Goldkist Street, ALBERTVILLE AL 35950
PHONE: 256-878-8645 FAX: 256-878-0266

Todays Date: _____

AUTHORIZATION TO USE CREDIT CARD

I, (Print Name) _____ authorize Albertville Wood Products Inc to charge my credit card for services and product delivery arranged via telephone. This arrangement is made solely to expedite the business transaction for all services and performs. This agreement includes and covers all credit cards issued under my name listed below.

*****Please note: There is a 3% Fee charged to any customers who choose to pay with a credit/debit card.*****

Name on Credit Card (Please Print)

Address (Associated with this Credit Card)

Credit Card Number

City , State, Zip Code (Required)

Expiration Date Of Card

CID Code (# on the signature Strip on back of the Card)

Phone Number

Transaction Amount (for one time transactions only)

Signature of Cardholder

Driver's License Number & State of Issue

Please choose the applicable option: _____ This applies for a one-time transaction _____ Keep this document on file for future use.

If request is made to keep this card on file please indicate the time period which we are authorized to complete Sales Transactions:

Time period to keep on file: _____ to _____

Please Print the name of anyone, other than the cardholder, authorized to verbally okay a transaction.

Receipt to be issued via: _____ No Receipt Required _____ Fax to number: _____

Mail /Email to address: _____

Please attach a photo copy of your credit card. Fax to: Amanda Allen or Ruby Jones 256-878-0266