

# Credit Card Payment Authorization

GROSS LUMBER COMPANY  
645 CENTRAL AVE CARLISLE, OHIO 45005  
PHONE: 937-746-6468 FAX: 937-866-2611

I \_\_\_\_\_ AUTHORIZE GROSS LUMBER COMPANY TO CHARGE MY  
CREDIT CARD INDICATED BELOW: (PLEASE CHOOSE ONE)

\_\_\_\_\_ FOR ALL PURCHASES RELATED TO INVOICE \_\_\_\_\_. I UNDERSTAND MY ACCOUNT  
WILL BE CHARGED AT THE TIME OF MY ORDER.

\_\_\_\_\_ PLEASE KEEP MY CARD ON FILE FOR ALL PURCHASES FROM THIS DATE FORWARD. I AGREE  
TO SUBMIT A REQUEST IN WRITING TO CANCEL THIS AUTHORIZATION.

## **BILLING INFORMATION:**

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## **CARD DETAILS:**

CARDHOLDER NAME: \_\_\_\_\_

CARD # \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

645 CENTRAL AVE, CARLISLE, OH 45005

I ACKNOWLEDGE THAT THE ORIGINATION OF CREDIT CARD TRANSACTIONS TO MY ACCOUNT MUST  
COMPLY WITH THE PROVISIONS OF U.S. LAW. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT  
CARD AND WILL NOT DISPUTE THESE RECURRING TRANSACTIONS; SO LONG AS THE TRANSACTIONS  
CORRESPOND TO THE TERMS INDICATED IN THIS AUTHORIZATION FORM.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_