

## Credit Card Authorization Form

l,	, so	cial security number _	
(print name)		cial security number _	
hereby authorize Speonk Lu	mber Corp to uti	lize my	
credit card to pay for daily	. initial	charges to my accou	nt.
I understand that any and all Speonk Lumber Corp. and no			dealt with directly by
Type of credit card	_ Credit Card #		Expiration Date
"V" Security Code (MC-Visa	a- 3 digits; Amex	α- 4 Digits)	
Zip Code of Customer Billing Address			
Street Address of customer a	t billing address_		
Phone Number	***************************************		
Speonk Lumber account nun	iber to pay		
Cardholder/accountholder sig	gnature		Date
Print name List names of those authorize	ed to charge:		
Notary Stamp is required for CountyOn this day	State of	f New York	
Notary Public State of New	<u> </u>		
	Office U	se Only	
MUST SUBMIT CLEAR PI	HOTO COPY OF	F CREDIT CARD (FF	RONT AND BACK)
Account #			
Salesperson # Name_		·	