



BANK CARD AUTHORIZATION FORM

DATE: _____ / _____ / _____

Company Name or Individual: _____

TO: Hingham Lumber Company

I (name) _____ authorize Hingham Lumber Company

to use my ___ Visa or ___ Mastercard or ___ Discover

Number _____ Exp. Date _____

Please supply numerical code that is listed in the signature section on the back of your credit card _____ to pay for the items purchased from Hingham Lumber Company.

I have signed below, so that you have my signature on file.

Print Name: _____

Signature: _____

Name on Card: _____

Address: _____

City, State, Zip: _____

List below employee or agents you have authorized to use your credit card:

Print Name

Signature

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION REQUEST.



BANK CARD AUTHORIZATION FORM

IDENTIFICATION/CONTACT INFORMATION

MA Drivers Lic# _____

*****Please provide copy of license or other legal documentation for verification*****

Date Of Birth _____

Phone # _____

Cell Phone # _____

Fax Phone# _____

E-Mail Address _____

Office Use Only

Account Number _____

Account Name _____