

## **BANKCARD AUTHORIZATION FORM**

DATE: / /		
Company Name or Individual:		
TO: Hingham Lumber Company		
I (name)	authorize Hingham Lumber Company	
to use myVisaMastercard	Discover AM	EX
Number	Exp. Date	CVV
Please supply numerical code that is listed is credit card to pay for the items purchased for	0	•
I have signed below, so that you have my s	ignature on file.	
Print Name:		
Signature:		
Name on Card:		
Address:		
City, State, Zip:		
List below employee or agents you h	ave authorized to use y	our credit card:
Print Name	Signature	

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION REQUEST.

## **IDENTIFICATION/CONTACT INFORMATION**

MA Driver's Lic.#	<u> </u>
	# **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	