



CREDIT CARD AUTHORIZATION FORM

DATE: _____

CUSTOMER ACCT: _____

CREDITCARDTYPE: _____

EXPIRATION DATE: _____

CREDIT CARD# _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON
AUTHORIZING CHARGES.

I, _____ (please print) authorize **R & S ROOFING
SUPPLY CO, INC.** to charge the above credit card for all purchases posted to my account.

Cardholder's Signature

YOU MUST INCLUDE A COPY OF THE ABOVE MENTIONED CREDIT CARD / BOTH FRONT & BACK.

****PLEASE FILL OUT & FAX THIS FORM ALONG WITH A PHYSICAL
COPY OF THE ACTUAL CREDIT CARD TO (702) 740-7470****