

DUFRENE BUILDING MATERIALS, INC.

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CREDIT CARD AUTHORIZATION FORM

Please fill out the form in its entirety and e-mail back toor fax back to
I,, hereby authorize (Print Card Holders Name)
(Print Allowed Party's Name or Names) to use my/my company's credit card account to pay for materials purchased at Dufrene Building Materials.
Credit Card Type: Visa Mastercard American Express Discover
Credit Card Number:
Expiration Date: Security Code:
Billing Address Including Zip Code:
Name on Credit Card:
Cardholder's Signature:
Please attach a legible copy of the front and back of the credit card and front and back of the cardholder's driver's license.
I agree that I will be liable for and will pay for all charges made to my credit card by the
above person(s). I agree that this authorization form shall remain in effect until it is
cancelled by written notice from the cardholder.
Signature of Cardholder Date
E-mail Address Phone Number