

Grand Prairie: Tele (972) 602-1777 Fax (972) 602 0224 Houston: Tele (713) 329-5870 Fax (713) 329-5871

 Pax (972) 602 0224
 Austin: Tele (512)443-0777 Fax: (512)443-0855

 (713) 329-5871
 Louisiana: Tele (225) 271-3560 Fax (225) 271-3580

 CREDIT CARD BILLING AUTHORIZATION FORM

## Credit Card Billing Information:

Your Company's Name:					
Person Authorization Charge:					
Credit Card Type	Visal	], MC[	], Discover[	], Amex[	]
Credit Card Number:					
CVC#(3 Digit on back of C/C)					
Card Expiration Date:					
Expiration Date:					
Billing Address/City/Zip:					
Phone#					
Fax Number:					

## Please select one of the Following Payment Options & Sign:

Once	Bill my Credit Card once for the following amount:	
Once	Please apply this Payment to the Following Invoices:	
On File	Bill my Credit card once per month for the amount of Material I purchase Each month.	

## Note:

A copy of the Credit Card and Driver License is required as proof of this authorization. Applicant agrees that all information is provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Brazos Forest Product's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to <u>Parul.mehta@brazosfp.com</u>. Changes in the status of this card should be promptly reported.

The Undersigned is the duly authorized person on the above Credit Card.

Authorized Signature: \_\_\_\_\_

Date:	

Print Name: \_\_\_\_\_

Brazos Forest Product LP – Card Authorization Form 5-2012