



2 Meadow Street, Goldens Bridge, New York  
Ph: (914) 232-5151 | Fax: (914) 232-4182

## CREDIT CARD AUTHORIZATION FORM

**Company Name:**

**Email:**

**Name on Card:**

**Card Number:**

**Exp:**  **Sec Code:**

**Billing Address:**

**City:**  **State:**  **Zip:**

**Phone:**

The individual listed below is authorized to use this account. As per NY State Law, we are required to see a form of identification for this individual.

**Name:**

**Phone:**  **Id #:**

I hereby authorize King Lumber to charge the credit card listed above without further notification. I understand that because of the nature of phone orders, there will be charges with no signed credit card receipts and times the credit card will not be swiped.

**Card Holders Signature:**  **Date:**

Please complete this form and either scan and email to [kinglumbergb@gmail.com](mailto:kinglumbergb@gmail.com) or leave at counter.