



# THE LUMBERYARD

Wednesday, July 15, 2020

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. You will receive receipts at the point of sale.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (MM/YY):	____ / ____      CVV or CVC #: _____
Billing Address:	_____
Cardholder ZIP Code (from credit card billing address):	_____
E-mail for invoices and/or notices:	_____

I/(we) hereby Authorize Hogman Lumber Inc. (Dba The Lumberyard & Argyle Feed & Supply) to store my (our) credit/debit card information above. I further authorize Hogman Lumber Inc., to make repeated and/or unscheduled charges to my (our) credit/debit card for future purchases that I verbally or otherwise authorize from time to time and, if necessary, initiate adjustments for any transaction errors. This authorization will remain in effect until Hogman Lumber Inc. is notified by me to cancel this authorization.

I further understand and agree to abide by Hogman Lumber Inc. refund policy related to this or any other purchases made with my credit/debit card on file. Any future changes made to this agreement will be sent via email at the address listed.

\_\_\_\_\_  
Account Contact / Cardholder Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date Signed