



Socelvic Company

Painting – Carpentry – Building

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CASH ACCOUNT APPLICATION AND CREDIT CARD AUTHORIZATION FORM

This form is used to authorize Socelvic Company to charge your credit card for a singles purchase, or to stablish an automatic payment plan for all future charges incurred. Please fill out this form completely and fax it to (617) 787-1223 or mail it to address below.

Credit Card Information

Type of Card: MasterCard ___ Visa ___ Exp Date: _____
Card Number: _____
Name on Card: _____
Billing Address: (location at which you receive your credit card statement).
Street: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Authorization Type:

One Time Use: _____ I hereby authorize Socelvic Company to charge the following amount to the card specified above: \$ _____

Recurring Billing: _____ I hereby authorize Socelvic Company to automatically charge the indicate credit card as payment for future purchases and deliveries provided until I notify them otherwise in writing.

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that Socelvic Company will apply a chargeback fee to my account if I initialize a chargeback with my credit card issuer to reverse payment without Socelvic Company permission of any of the charges authorized on this form, and I agree to pay this fee if this occurs.

Cardholder Signature

Date

Additional User(s) Authorization: As the official signor on the credit card noted above, I hereby authorize the following individual (s) to place orders for building materials that will be billed according to the billing options above.

Name

Name