Weehawken Phone:201-867-0391 Fax:201-867-1674	Manhattan Phone:212-929-3580 Fax:212-265-6735	L.I.C. Phone:718-784-3920 Fax:718-361-5906	Brooklyn Phone:718-624-3350 Fax:718-596-9233	SINCE 1909
Tallman	Hawthorne	Easton	Closter	Aberdeen
Phone:845-357-6000	Phone:914-347-1400	Phone:610-250-0600	Phone:201-768-5800	Phone:732-290-9960
Fax:845-368-4797	Fax:914-347-7150	Fax:610-250-0820	Fax:201-768-7363	Fax:732-290-9963

To better serve our customers Dykes Lumber Inc., accepts Discover, MasterCard, Visa and American Express. Credit Card information is filed with your confidential client information and kept secured. Accounts on file can be charged either as a one-time payment or kept on file for future charges. It is understood and agreed that if a house account is paid with a Credit card a 3% administration fee will be added to the amount paid. Any intentionally false information provided on this form will be turned over to our counsel to address

Invoice Amount:	Salesperso	n:	<u> </u>		
Name on Card:			_		
Billing Address:					
City:	State:	Zip:			
Shipping Address:					
City:	State:	Zip:			
Business Phone #:	Cell Phone #:		Fax #:		
Card Type (select one): AMEX	MC Usa	Disc	cover		
Security Code: (3 or 4 digit code on o	card)				
I hereby authorize Dykes Lumber Company to c because of the nature of phone orders, there will swiped.					
This agreement is a one time use or effective	e from: start date / to	end date /			
The below individuals (including myself) are the	e only authorized persons	to use this acc	ount:		
		Ex		/ YYYY	
The undersigned guarantees performance of the payment by credit card, you later dispute the cha any previously entered charge on your credit car agree to pay all out-of-pocket fees and costs incorrevocation, charge back or dispute.	arges, unless prohibited by rd. If you do so , and it is	y law, you agre later determine	ee not to cancel, d that the charge	revoke chargebac was properly au	k or dispute thorized, you
Be advised that there are no returns o materials.	or charge-back credit	ts given on a	nny custom o	r special orde	i*
Cardholder Name and Title (print)					
Cardholder Signature					

Please fax the completed form to the number listed above, once we have processed your payment items will be delivered. If you need to make any changes to the above information, please notify us immediately in writing. Please be assured that any information given on this authorization form is held in the strictest of confidence Cardholders. Please notify us immediately in writing. Please be assured that any information given on this authorization form is held in the strictest of confidence Cardholders.