

# Electrical Distributing, Inc.



## Credit Card Charge Authorization for Payments by Telephone

ELECTRICAL DISTRIBUTING, INC.  
PHONE (503) 226-4044

4600 NW ST HELENS RD. \* PORTLAND, OR 97210-1274.  
FAX (503) 226-4040

ELECTRICAL DISTRIBUTING, INC.  
PHONE (206) 248-1854

6750 SOUTH 180<sup>TH</sup> STREET \* TUKWILA, WA 98188  
FAX (206) 248-1867

BUILDERS APPLIANCE SUPPLY, CO.  
PHONE (503) 226-9235

1411 NW DAVIS \* PORTLAND, OR 97209  
FAX (503) 226-6641

I, \_\_\_\_\_, hereby give Electrical Distributing, Inc., BASCO or Rock On, authorization to charge my credit card number, listed below, for the payment of any purchase, invoice, or debts, for the

account of \_\_\_\_\_. This is ongoing and a continuous authorization for EDI, BASCO or Rock On to charge my credit card, listed below, when or as requested by the person named above until the account is closed, or we are given written notification to no longer accept this method of payment. If any changes are made on my credit card; including terms, credit limits, dates, names, cancellations, or closure of the credit card account, I will notify you immediately of the changes, and provide you with the new / replacement / changed card information.

Visa,  Master Card, the number being \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

Expiration date \_\_\_\_\_ / \_\_\_\_\_, code number on the back \_\_\_\_\_

Address the card is billed to: \_\_\_\_\_ Zip Code \_\_\_\_\_

Name the card is registered to \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

Agreed on this day, \_\_\_\_\_ of \_\_\_\_\_, and 20\_\_\_\_\_.  
(Day) (Month) (Year)

Please fax back this form to the Credit Department 503-226-2468