

Discount Builders Supply
1695 Mission St.
San Francisco, CA. 94103
Phone (415) 621-8511
Fax (415) 621-1830

TO: _____ DATE: _____
ATTN: _____ ACCT: _____
FROM: _____

Thank you for your order. Please provide us with the following information to process your credit card.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

_____ Visa _____ Mastercard _____ AMX _____ / _____ Exp. Date

Credit Card Number _____

Visa or MC _____ American Express _____
Three digit code on back of card Four digit code on front of card

For Commercial corporate cards please provide 4 or 6 digit customer code _____

*** Copy of Cardholders Credit Card and Photo ID required.**

Cardholder's Name: _____
(Please print as it appears on the card)

Authorized Signature: _____

"I authorize Discount Builders Supply to submit a sales slip for me against my credit card account as listed above."

Authorized buyers: 1. _____ 2. _____
3. _____ 4. _____ 5. _____

*** DBS requires a photo ID for each authorized user.**

Today's Date: _____

Credit card form must be completely filled out and all required copies turned in or it cannot be processed.