

A/R ACCOUNT NAME	E:		
A/R ACCOUNT #:	-	SALES REP/BID NAME:	
	Official Use Only		

CARDHOLDER INFORMATION			
Name (as it appears on CC)		Phone #	
Billing Address (Street)	City	State	Zip
Email Address			
Company Name			
ADDITIONAL PERSON(S) AUTHORIZED TO	MAKE PURCHASES ON MY CREDIT CARD:		
Person #1:	Person #2:		
Person #3:	Person #4:		
I understand it is my responsibility as the ca	rdholder to notify COBS if any person is no long if I wish to terminate this contract. Any changes	er authorized to make p	urchase on my
I understand it is my responsibility as the car	rdholder to notify COBS if any person is no long	er authorized to make p	urchase on my
I understand it is my responsibility as the car credit card according to this agreement, or i CREDIT CARD INFORMATION	rdholder to notify COBS if any person is no long	er authorized to make p such as these will be su	urchase on my
I understand it is my responsibility as the calcredit card according to this agreement, or in the calcredit CARD INFORMATION Credit Card Type (Select One): Visa	rdholder to notify COBS if any person is no long if I wish to terminate this contract. Any changes	er authorized to make p such as these will be su Discover	urchase on my bmitted in writin
I understand it is my responsibility as the carcedit card according to this agreement, or incredit CARD INFORMATION Credit Card Type (Select One): Credit Card Number – Last 4 Digits ONLY:	rdholder to notify COBS if any person is no long if I wish to terminate this contract. Any changes O Mastercard O American Express	er authorized to make p such as these will be su D Discover / onth/Year the request of the above of communication with	urchase on my bmitted in writin
I understand it is my responsibility as the calcredit card according to this agreement, or incredit card according to this agreement, or incredit CARD INFORMATION Credit Card Type (Select One): Credit Card Number – Last 4 Digits ONLY: By signing this agreement, I authorize COBS myself included. I authorize orders to be placed according to these transactions. I assume all form on file as proof of my consent.	ordholder to notify COBS if any person is no long if I wish to terminate this contract. Any changes O Mastercard O American Express Expiration Date: M to accept orders and charge my credit card at the ced in person, by phone, or by any other means	er authorized to make p such as these will be su Discover / onth/Year the request of the above of communication with credit card. I authorize	urchase on my bmitted in writin

SELECT YOUR HOME COLORADO BUILDING SUPPLY LOCATION(S):

Breckenridge Colorado Springs Edwards Henderson-Denver Woodland Park