

# Florence *True Value* Hardware & Commercial Supply

P.O. Box 2087 290 North Main Street Florence, Arizona 85132  
Local 520-868-0410 Fax: 520-868-3072  
*Arizona's Most Unique Hardware Store*

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## Recurring Payment Form Credit Card Authorization

### Account Information

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Street Address: Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Authorized Purchasers \* A paper receipt will be given at the end of every transaction \*

Name	Phone	Position
_____	( _____ ) _____ - _____	_____
_____	( _____ ) _____ - _____	_____
_____	( _____ ) _____ - _____	_____
_____	( _____ ) _____ - _____	_____
_____	( _____ ) _____ - _____	_____

*Use additional sheets if needed*

### Transaction Requirements

PO Required: No Yes If Yes, Special Requirements \_\_\_\_\_  
Tax Exempt: No Yes If yes, please complete an AZ5000 Form  
Send Email Receipt: No Yes If Yes, please complete below

Name	Email
_____	_____
_____	_____
_____	_____

*Use additional sheets if needed*



Card Holder Information

Name via Driver's License: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State Issued: \_\_\_\_\_

DL Expires: month \_\_\_\_\_ / day \_\_\_\_\_ / year \_\_\_\_\_

Card Information

Name on Card: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Billing Address: Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Card Number: \_\_\_\_\_

Expires: month \_\_\_\_\_ / year \_\_\_\_\_

SCV: \_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Florence True Value in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Florence True Value may at its discretion attempt to process the charge again within 30 days, and agree to an additional 2% charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.