

## Credit Card Authorization Form

Please complete and sign this form to authorize West Henly Materials to make a debit to your credit or debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on your invoice each day.

Please fill out the information	below:		
I,, Autho	rize West Henly N	Materials to charge n	ny account, indicated
below, for aggregate materials pick	ted up at 343 Hen	ly Materials Way, Jo	hnson City, Texas.
Company Name:			(if applicable)
Mailing Address:			
	City		_State & Zip Code
Card Billing Address:			
	City		_State & Zip Code
Main/Office Phone #:		Cell Phone #:	
Email Address:			***************************************
(We	e will email your paid	invoice(s) to you.)	
Cardholder Name:			
Card Number:			
Expiration Date: _		3-Digit CVV: _	
Signature:		*	Date:

I authorize West Henly Materials to charge the credit card indicated in this authorization form per the terms outlined above. This payment authorization is for the goods/services described above, for the amount stated on invoices provided to the customer. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. This authorization remains in effect until written request by customer is submitted to change or cancel.