AUTHORIZATION FOR ACCOUNT USE AT HENRY COUNTY SUPPLY INC.

FORM

To authorize a merchant to submit purchases by an individual or an entity other than the Account Holder.

PRIMARY ACCOUNT HOLDER INFORMATION			
Last Name: First Name:			
Street Address:	City:	State:_	Zip:
Phone:			
Type of Account: credit card business	credit card in l	nouse charge accou	ınt
AUTHORIZED USER			
I authorize the individual/entity listed below to use n	ny credit card	_ business credit ca	ard in house charge
Invoices can be in the Account Holder or Authorized	User name.		
Last Name: First Na	ime:		
Address: City:		State:	Zip:
Phone:			
I understand and agree that the individual(s)/entity r transactions under the terms and conditions of Henr		rized to use my acc	ount. I agree to pay all
transactions under the terms and conditions of field	y County Supply, me.		
Signature of Account Holder	Date		

NOTE: If an authorized user is no longer authorized to place charges, the Account Holder must contact Henry County Supply to remove the authorization.

Please complete a form for each designated authorized user.