



Janitorial - Foodservice - Packaging - Office - Safety

CREDIT CARD ON FILE AUTHORIZATION

This form authorizes Dutch Hollow Services & Supplies Inc. to securely store your credit card information and charge the card as authorized below. All information provided will be treated as confidential and used solely for payment processing and account administration purposes in accordance with your authorization.

BUSINESS INFORMATION

Legal Business Name:	
DBA (if applicable):	
Business Address:	
City / State / Zip:	
Phone Number:	
Billing Email:	

PAYMENT AUTHORIZATION (Check One)

<input type="checkbox"/> Charge my card automatically for all invoices following delivery of supplies
<input type="checkbox"/> Charge my card on the last day of the month for all open invoices
<input type="checkbox"/> Charge my card only after my authorization via email or phone for each transaction

CREDIT CARD INFORMATION

Cardholder Name:	
Billing Address (if different):	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number:	
Expiration Date (MM/YY):	
Security Code (CVV):	

CREDIT CARD ON FILE AUTHORIZATION TERMS & CONDITIONS

By submitting this Credit Card on File Authorization, I authorize Dutch Hollow Supplies ("Company") to securely store my credit card information for future payment of charges associated with my account, in accordance with the terms outlined below.

I authorize the Company to charge the credit card on file for invoices, deposits, fees, or other amounts as specifically authorized by me, including charges made pursuant to agreed payment terms. Charges will not exceed the amounts owed and will not be processed outside the scope of this authorization.

I understand that this authorization remains in effect until I revoke it in writing. I may revoke this authorization at any time by providing written notice to the Company; however, revocation does not apply to charges incurred prior to the Company's receipt and processing of such notice.

I acknowledge that all credit card information is stored and handled in a secure manner consistent with applicable payment card industry (PCI-DSS) standards. I understand that invoices and statements are provided electronically and that it is my responsibility to review account activity and notify the Company promptly of any discrepancies.

If a charge is declined, I agree that I remain responsible for timely payment of all outstanding balances and may be subject to applicable fees or changes to credit terms as permitted by law and Company policy.

I certify that I am an authorized signer on the account and that I have the legal authority to authorize use of this credit card for payments related to this account.

I authorize Dutch Hollow Supplies to automatically charge my credit card on file according to the payment option I selected

Initials: _____

Auto-Pay Authorization

I understand that the submission of this form constitutes that I authorize Dutch Hollow Services & Supplies Inc. to automatically charge my credit card according to the payment option I selected.

AUTHORIZED SIGNATURE

Authorized Signer Name (Print):	
Title:	
Signature:	
Date:	

FORM SUBMISSION

Please return the completed and signed form using one of the following methods:

Email: accounting@dutchhollowsupplies.com

Fax: 618-236-2730

Mail: Dutch Hollow Supplies, 6218 Old St Louis Road, Belleville, IL 62223