



# ONE-TIME CREDIT CARD AUTHORIZATION

**MITCHELL LUMBER CO.**  
NE 23681 HWY 3  
P.O. BOX 310  
BELFAIR, WA 98528  
getwood@mitchelllumberco.com  
360-275-2090 – FAX 360-275-3050

Copy of Valid ID

ACCOUNT NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
CELL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

ORDER: \_\_\_\_\_

### Credit card Payment Authorization

To Pay by credit card, please complete all areas below.

- ❖ **Include a copy of the cardholder's driver's license for validation**
- ❖ **Name and billing address on the ID must match the credit card**

Please check card type:  Visa  MasterCard  Discover  American Express  
Credit Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_ (MM/YY)  
Card holder name as it appears on card: \_\_\_\_\_  
Billing address: \_\_\_\_\_  
Billing zip code: \_\_\_\_\_ Card Security Code (number on back of card): \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Authorized to pick up material: \_\_\_\_\_

By signing below, you authorize Mitchell Lumber Co. to charge this credit card for the amount listed above and for purchased goods to be released to those listed as authorized to pick up material if not picked up by the purchaser and or to be delivered to the physical address listed above.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Entered by / Date: \_\_\_\_\_ / \_\_\_\_\_ Invoice: \_\_\_\_\_