



**ROLLS
SCAFFOLD**
I N C

11351 COUNTY DRIVE, STE. B, VENTURA, CA 93004
P.O. BOX 7909, VENTURA, CA 93006
805/988-8825 800/523-4775 FAX 805/988-9947

Automatic Credit Card Payment Agreement

This Automatic Credit Card Agreement allows Rolls Scaffold Inc., hereafter referred to as RSI, to charge any remittance amount due on the card you specify below.

RSI Account Number: _____

Name of Account: _____

Date: _____

Email Address: _____

Phone # _____

CREDIT CARD INFORMATION

Discover - Visa - MasterCard - American Express (circle one)

Name on Card : _____

Credit Card # : _____

Expiration Date: _____

3 digit V-Code (Back): _____

CC Phone # _____

4 digit Amex (Front): _____

CARD BILLING ADDRESS

Street Address: _____

City, State, Zip Code: _____

By using this option, the undersigned grants permission to Rolls Scaffold Inc. to charge the remittance amount of any Rolls Scaffold Inc. monthly statement using the credit card listed above. If the credit card company does not authorize the credit card by the end of the remittance period, finance charges will be assessed to your account. We will notify you in the event that the credit card is declined.

Please sign below signifying you agree to the terms and conditions outlined in this agreement.

Cardholder's Name

Cardholder's Signature

Please complete and FAX to (805) 988 - 9947 or Email to: rollsscaffold@rollsscaffold.com