



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
www.RollsScaffold.com

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: _____ Account Type: Credit Card
Name of Account: _____ Date: _____
Email: _____ Phone #: _____

Credit Card Billing Address

Name on Card: _____
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 below. 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: Accounting@RollsScaffold.com

Credit Card Information

Discover Visa MasterCard American Express

Name on Card: _____
Credit Card #: _____
Expiration Date: _____
3 digit V-Code (Back): _____
4 digit AMEX (Front): _____
CC Phone #: _____