



154 WOLFCRAFT WAY CHARLES TOWN, WV 25414  
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WWW.ROCKANDTILE.COM

## ORDER AND AUTHORIZATION FORM

### BILLING INFORMATION

COMPANY \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
JOB NAME OR PURCHASE ORDER \_\_\_\_\_

### SHIPPING INFORMATION (CHECK ONE)

- SHIP TO BILLING ADDRESS  
 SHIP TO SEPARATE ADDRESS (please provide directions and/or physical address)

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### ORDER INFORMATION

Please list Product Description and desired quantity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION

All orders require a 50% deposit or payment in full, unless you are approved for an Open Account. Please request a credit application to apply for Open Account status. An authorized signature is required for all orders.

MASTERCARD     VISA     AMERICAN EXPRESS     DISCOVER     CHARGE TO ACCOUNT  
CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CSC# \_\_\_\_\_  
NAME ON CARD \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

\* The CSC number is the three digit code on the back of the credit card.