

Alleyton Resource Company, LLC

P.O. Box 80 * Thompsons, TX 77481

(281)238-1010 * FAX (281)238-1006

CREDIT CARD PAYMENT AUTHORIZATION (PLEASE COMPLETE ENTIRE FORM)

Select Type of Credit Card: MASTERCARD VISA AMERICAN EXPRESS

Name As It Appears On Card: _____

Company Name: _____

Phone # _____

Email Address: _____

Credit Card Account #: _____

Expiration Date: _____ Card Verification # _____

Credit Card Billing Address: _____

** need billing address (including zip code) of address to which credit card statement is sent**

Amount To Be Charged: _____

Contact Name & Phone Number _____

EXPLANATION OF PAYMENT:

(Please list what is to be paid with this payment)

*****All purchases will be assessed a 1.5% surcharge*****

By signing this form, I state that I am the authorized user of this credit card & I am personally authorizing Alleyton Resource Company, LLC to charge the above referenced amount to my credit card & I acknowledge the 1.5% surcharge.

Signature

Print Name

_____ Please initial here authorizing this credit card to be kept on file and to be used for all future credit card transactions.