



A RING'S END
BRAND

RING'S END, INC. CASH ACCOUNT APPLICATION & CREDIT CARD AUTHORIZATION

APPLICATION SHOULD BE COMPLETED IN BLUE INK

For Office Use Only

Account Code:

Opened By:

CASH ACCOUNT APPLICATION *Indicates required fields

| | | | |
|--|-------------|---|--|
| *APPLICANT TYPE Commercial: <input type="checkbox"/> Contractor <input type="checkbox"/> Painter <input type="checkbox"/> Other Retail: <input type="checkbox"/> Consumer | | APPLICANT'S PREFERRED STORE (Please specify): | |
| *APPLICANT'S NAME (FIRST) | | (MIDDLE) | (LAST) |
| *BUSINESS NAME (COMMERCIAL APPLICATION ONLY) | | | |
| *BILLING ADDRESS (NUMBER AND STREET) | | (APT, SUITE, OR UNIT) | |
| *CITY | | *STATE | *ZIP CODE |
| *PRIMARY TELEPHONE () - | EXT. | IS MOBILE? <input type="checkbox"/> Yes <input type="checkbox"/> No | *E-MAIL ADDRESS |
| *APPLICANT'S DRIVER'S LICENSE NUMBER | | | *STATE OF ISSUE |
| *I WOULD LIKE TO RECEIVE INVOICES VIA E-MAIL: To ensure our e-mails reach you, please add webmaster@ringsend.com to your safe senders list. (Choose One): <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Never | | | |
| *I WOULD LIKE ACCOUNT ACCESS ON RINGSEND.COM (Choose One): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | *I WOULD LIKE TO REQUIRE A PURCHASE ORDER NUMBER ON ALL PURCHASES (Choose One): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (Choose One): <input type="checkbox"/> I hereby authorize the creation of this account according to the information I provided on this form. <input type="checkbox"/> I hereby authorize changes to account code _____ (<input type="checkbox"/> and all subordinate job accounts) according to the information I provided on this form. | | | |
| By signing below, the undersigned hereby acknowledges that: I am personally responsible for all purchases incurred on this account, including those made by authorized users . I will remain responsible for all purchases made on this account until I notify Ring's End, Inc. and any of its subsidiary companies in writing regarding any changes to the information above. | | | |
| APPLICANT'S SIGNATURE: | | | DATE: |

CREDIT CARD AUTHORIZATION

Complete and sign this form to authorize Ring's End, Inc. and any of its subsidiary companies to charge the credit card listed below.

I (Print first and last name): _____, authorize Ring's End, Inc. and any of its subsidiary companies to charge my credit card:

| | | | |
|---|--|------------------------------|-----------------------|
| TERMS (Choose one): <input type="checkbox"/> One time in the amount of \$ _____ for transaction number _____. <input type="checkbox"/> Keep credit card on file and invoice as requested by me, an existing authorized user, or one of the people I designate on the attached Customer Account Data Sheet. <input type="checkbox"/> Keep credit card on file for this existing account (Specify account code): _____ and invoice as requested by me, an existing authorized user, or one of the people I designate on the attached Customer Account Data Sheet. | | | |
| CARDHOLDER'S NAME | | MOBILE PHONE () - | E-MAIL ADDRESS |
| CARD NUMBER | | EXPIRATION DATE | CVV / CVC |
| BILLING ADDRESS | | | |
| CITY | | STATE | ZIP CODE |
| I authorize Ring's End, Inc. and any of its subsidiary companies to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am the primary or joint account holder of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. | | | |
| CARDHOLDER'S SIGNATURE: | | | DATE: |