

300 E. WASHINGTON AVE., PLEASANTVILLE, NJ 08232 CRI

CREDIT: 609-380-4057

FAX 609-272-0368

AUTHORIZED PURCHASER FORM: UPDATED LIST FOR 20

ACCOUNT NAME:		ACCOUNT NUMBER:	-
DATE:	E-MAIL ADDRESS: _		
FAX NUMBER:		PHONE NUMBER:	
PLEASE LIST THE NAN	MES OF AGENTS AUTHORIZE	ED TO CHARGE BELOW: (FIRST AND LAST NAM	1E)
1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
PLEASE COMPLE	TE THIS SECTION IF THER	RE ARE ANY CHANGES TO YOUR BILLING	ADDRESS OR
INFORMATION:			
STREET/ADDRESS	:	CITY:	_
STATE:		ZIPCODE:	

ONCE YOU HAVE ESTABLISHED A LIST, WE CANNOT STRESS ENOUGH THE IMPORTANCE OF MAINTAINING IT. IF PETER LUMBER COMPANY HAS NOT BEEN NOTIFIED OF CHANGES IN YOUR LIST, COMPLICATIONS AND/OR CONFUSION MAY DEVELOP. THIS NOTIFICATION MUST COME FROM YOU, THE CUSTOMER. ADDITIONS OR DELETIONS TO YOUR LIST ARE EFFECTIVE ONLY UPON RECEIPT OF WRITTEN NOTICE TO PETER LUMBER COMPANY.

MAIL FAX EMAIL