



800.527.4490 • roseco.com

CREDIT CARD ACCOUNT

Please mail, scan/email, or fax the completed form.

Mail Address: PO Box 802217
Dallas TX 75380
contact@roseco.com

Phone: 972.991.9731
800.527.4490

Fax: 972.404.9074
800.874.9436

COMPANY OR BUSINESS INFORMATION

| | | | |
|--|---|--------|-----------|
| Business Name: | DBA: | Date: | |
| Owner Name(s): | Buyer Name(s): | | |
| Billing or Mailing Address: | City: | State: | Zip Code: |
| Shipping Address (No PO Box): | City: | State: | Zip Code: |
| Email: | Phone: | Fax: | |
| I fully comply with the USA Patriot Act provisions regarding anti-money laundering (USA Patriot Act 2001 Compliance). | | | |
| * Federal / State Tax ID or Texas-Only Resale Tax ID: | Business Type (Choose One): Sole Ownership Partnership Corporation | | |
| | How You Heard of Us: | | |

* In compliance with the USA Patriot Act of 2001, we are required to keep on record at least one government-issued identification number. If you are located in Texas, we require the Texas resale tax number and a signed [Texas Resale Tax Certificate](#) form.

CREDIT CARD PAYMENT INFORMATION

| | | | |
|--|--|--------------------|------------------------------|
| Cardholder Name: | Credit Card Number: | Security Code: | Expiration Date: |
| Credit Card Billing Address: | City: | State: | Zip Code: |
| Your Business Name (If Listed on Card): | Card Type: Visa MasterCard American Express Discover | | |
| Please enter below the names of any other people who are authorized to use this credit card for Roseco purchases. | | | |
| Authorized Name 1: | Buyer 1's Title or Position: | Authorized Name 3: | Buyer 3's Title or Position: |
| Authorized Name 2: | Buyer 2's Title or Position: | Authorized Name 4: | Buyer 4's Title or Position: |
| I hereby declare that the information above is accurate, and I authorize Roseco to use this credit card for Roseco purchases via phone, fax, or online store at roseco.com that are made by me or any of the listed authorized names. | | | |
| Signature (Print Form and Sign): | Title or Position: | Date: | |

Please fill out the separate [Credit Application](#) if you wish to establish an open net terms account or pay by COD check instead.

FOR INTERNAL OFFICE USE ONLY

| | | | |
|-----------------------------|------------------|--|------------|
| Account Number: | Prospect Number: | Info By: | Set Up By: |
| JBT Rating & ID: | Ship Method: | Address Type: Commercial Residential Remote (DAS) | |
| Tools-Only Has Web Login | Comments: | | |