## Kingston Coatings, LLC

Credit Card and COD Authorization Form Please Complete All Areas (form 2.18)

Company Legal Name	
Company Physical Address	
City	State Zip
Phone	Cell
Federal Tax ID #	
Certificate of Resale # (attach a legible copy with remittance)	
Business Type: Partnership Sole Proprieto	rship Corporation LLC
Owner(s)	
Primary Contact E-Mail	
The Following people are also authorized to purchase using this credit card	Alternate Ship To Address Use Always (Y or N) if different from above
(print name here)	(sign here)
I, do hereby authorize Kingston Coatings, LLC to keep my Visa / MasterCard / AMEX / Discover number on file. The purpose for this action is to facilitate payment for the material purchased from Kingston Coatings, LLC. It is understood that Kingston Coatings, LLC has the right to exercise the use of the below mentioned card on all purchases except when otherwise instructed by me. It is further understood that the contacts listed here are the only people allowed to purchase materials from Kingston Coatings, LLC, when using this card for payment.	
Credit Card Number	(Circle Type) Visa, M/C, AMEX, Discover
Exp. Date (MM / YY) / Securit	y Code
Credit Card Billing Address	(Circle if) Same as Physical
City State	Zip
IF, you would like for Kingston Coatings to ship ALL OF your orders via COD please write "YES" in this blank	
Remit to: Kingston Coatings, LLC, 429 Kingston Springs Road, Kingston Springs, Tn. 37082  Main (615) 952-4903 Fax (615) 952-9044	

Email: sales@kingstoncoatings.com www.kingstoncoatings.com