



CUSTOMER SIGNATURE ON FILE FORM

DATE: _____

Sales Rep.

Name: _____

Billing Address: _____

In completing this Signature on File form, I authorize G Proulx LLC to process charges to my credit card for goods being shipped to me based on orders placed by phone or via fax. For verification purposes, the following information will be asked of me each time I place an order over the phone: credit card number, expiration date, security code, and billing zip code.

The Signature on File form will expire six (6) months from the date entered above.

Card Number: _____

Exp. Date: _____

Credit Card security number: _____

X _____

Print: _____

Phone: _____

A copy of the cardholder's driver license MUST accompany this form

