



ACCOUNT CHANGE REQUEST FORM

Account Name: _____ Account Code: _____

CONTACT INFORMATION

Mailing Address: _____

Cell: _____ Phone: _____ Fax: _____

E-mail Address: _____

NEW JOB

Address: _____

Any job specific information: _____

WASHINGTON STATE RESELLERS PERMIT

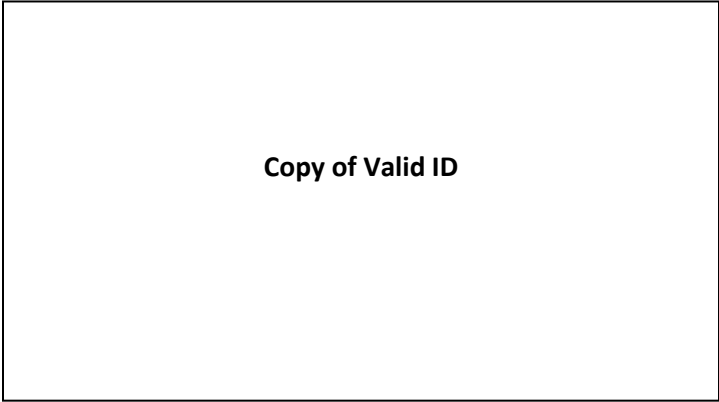
Reseller permit Number: _____ Expiration: _____

must include a copy of current Washington Resellers Permit

CREDIT CARD PAYMENT AUTHORIZATION

To Pay by credit card, please complete all areas below.

- *Include a copy of the cardholder's driver's license for validation*
- *Name and billing address on the ID must match the credit card*



Please check card type: Visa MasterCard Discover American Express
 Credit Card Number: _____ Exp Date _____ (MM/YY)
 Card holder name as it appears on card: _____

Billing address: _____
 Billing zip code: _____ Card Security Code (number on back of card): _____
 Primary Phone Number: _____ Secondary Phone Number: _____

Authorized Purchasers:

Please list all persons authorized to charge on your account

By signing below, you authorize Mitchell Lumber Co. to make the above changes to your account

Account holder signature _____ Date _____

For office use only: Received by Date: _____ / _____ Changes made by / Date: _____ / _____
 Acct: _____