



www.westernsupply.com

2514 E. 14th - PO Box 1686 - Hutchinson, KS 67504-1686  
(620)662-8875 - (800)365-0162 FAX (620)663-7876

2420 9th St. - PO Box 242 - Great Bend, Kansas 67530  
(620)793-8101 - (800)234-8113 FAX (620)793-3384

1207 Cedar - Hays, Kansas 67601  
(785)625-4176 - (800)658-1921 FAX (785)625-2712

206 E Trail - Dodge City, Kansas 67801  
(620)225-1555 - (800)284-3322 FAX (620)225-5088

This form available for established accounts. Or a completed and signed new account application accompanies this form. Options 2-5 could have a credit report ran and references checked to receive approval. Do not print the CVV security code on this form; merchants are not allowed to store this number.

### Credit Card Authorization

I authorize Western Supply Company, Inc. to charge my credit card for purchases ordered from them using any of their ordering methods including but not limited to; on-line purchases at www.westernsupply.com, via phone, fax, email, or in person. I certify that I am the card holder and agree to pay for the products I have ordered with this credit card.

Credit Card Type: (Visa, MC, Discover, AE) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Credit Card Bank Telephone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

To assure Address Match verification, please provide your address that is on file with the credit card you listed above.

Company Name: \_\_\_\_\_

Card Holders Name on Card: \_\_\_\_\_

Western Supply Acct. No. \_\_\_\_\_

Your Bill to Address CC has on file:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

#### How you would like your purchases to paid?

1) Run my card with each purchase.

(\*\*Options 2-5 available with Credit Manager Approval)

2\*) Run my card on the 10<sup>th</sup> of each month.

3\*) Run my card on STATEMENT DAY;  
the last business day of the month.

4\*) Run my card every Tuesday for last week's chgs.

5\*) Run my card every Friday for last week's chgs.

#### How would you like to receive your Credit Card receipt?

1) Faxed  Fax no. \_\_\_\_\_

2) Emailed  Email \_\_\_\_\_

3) Mailed

Signed,

Date Signed

Return via fax to: 620-663-7876 Attn: Candace Winkel