COLLIER MATERIALS INC

PO BOX 86 MARBLE FALLS, TX 78654 my@colliermaterials.com 830-693-2228

COD Payment Authorization Form

You authorize charges to your checking/savings account or credit card. You will be charged the amount indicated for each ticket or invoice up front/time of delivery. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below Iauthorize 0		ard or Bank
Draft (via e-check) as indicated below for purch	hases made from Collier Materials.	ara or barne
Consumer Name	_Business Name	
Billing Address	Phone#	
City, State, Zip	Email	
Bank Draft Info	Credit Card Info	
Consumer Acct Business Acct Checking OR Savings Name on Acct Acct Holders Ph# Bank Routing # Account Number Bank Name Bank City/State Routing Number Account Number	□ Visa □ MasterCard □ Amex □ Discover Cardholder Name □ Account Number □ Exp. Date □ CSV Billing Zip Code □	
There is No fee for Bank Draft Email completed form to my@colliermat	**There is a 3% processing fee for terials.com	CC**
SIGNATURE	DATE	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Collier Materials in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Collier Materials may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.